



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
STATE  
SECRETARY OF  
CORPORATIONS DIV  
2018 MAY 18  
PM 3:49

1. Entity ID Number <u>000789270</u>		2. Exact name of the Corporation <u>Oliveira Masonry Inc</u>	
3. Principal Office Address <u>77 Mercier Ave</u>		City <u>Somerset</u>	State <u>ma</u>
4. NAICS Code <u>238140</u>		6. Brief description of the character of business conducted in Rhode Island <u>Masonry</u>	
5. State of Incorporation <u>Massachusetts</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Carlos Oliveira</u>		Vice-President Name	
Street Address <u>77 Mercier Ave</u>		Street Address	
City <u>Somerset</u>	State <u>ma</u>	City	State
Zip <u>02725</u>		Zip	
Secretary Name <u>Sandra Oliveira</u>		Treasurer Name <u>Carlos Oliveira</u>	
Street Address <u>77 Mercier Ave</u>		Street Address <u>77 Mercier Ave</u>	
City <u>Somerset</u>	State <u>MA</u>	City <u>Somerset</u>	State <u>MA</u>
Zip <u>02725</u>		Zip <u>02725</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Carlos Oliveira</u>		Director Name <u>Sandra Oliveira</u>	
Street Address <u>77 Mercier Ave</u>		Street Address <u>77 Mercier Ave</u>	
City <u>Somerset</u>	State <u>MA</u>	City <u>Somerset</u>	State <u>MA</u>
Zip <u>02725</u>		Zip <u>02725</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>10,000</u>	CLASS/SERIES <u>CNP</u>
Changes require an additional filing.		PAR VALUE <u>NPV</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Carlos Oliveira</u>		Date <u>FILED 5-18-18</u>	
Signature of Authorized Representative <u>Carlos Oliveira</u>		SIGN DOCUMENT HERE <u>MAY 18 2018</u>	

MAIL TO:   
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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