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

Annual Report for the year: 2016
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 SECRETARY OF STATE CORPORATIONS DIV 2018 MAY 18 PM 3:59

1. Entity ID Number	2. Exact name of the Corporation		
000789270	Oliveira Masonry Inc		
3. Principal Office Address	City	State	Zip
77 Mercier Ave	Somerset	ma	02725
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238140			
5. State of Incorporation			
Massachusetts	Masonry		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Carlos Oliveira					
Street Address			Street Address		
77 Mercier Ave					
City	State	Zip	City	State	Zip
Somerset	ma	02725			
Secretary Name			Treasurer Name		
Sandra Oliveira			Carlos Oliveira		
Street Address			Street Address		
77 Mercier ave			77 Mercier Ave		
City	State	Zip	City	State	Zip
Somerset	MA	02725	Somerset	MA	02725

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Carlos Oliveira			Sandra Oliveira		
Street Address			Street Address		
77 Mercier Ave			77 Mercier Ave		
City	State	Zip	City	State	Zip
Somerset	MA	02725	Somerset	MA	02725
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	CNP	NPV

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	Date
	5-18-18

Signature of Authorized Representative: Carla Oliveira — SIGN DOCUMENT HERE

FILED

MAY 18 2018
BY 330929
400

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

FORM 630 - Revised: 10/2017