



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 153467		2. Exact name of the Corporation PLASTERING & DESIGN, INC.			
3. Principal Office Address 20 MASHUENA DRIVE			City WARWICK	State RI	Zip 02888
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island PLASTER INSTRUCTION; INTERIOR DESIGN			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT GRECO			Vice-President Name CATHERINE GRECO		
Street Address 20 MASHUENA DRIVE			Street Address 20 MASHUENA DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name ROBERT GRECO			Treasurer Name CATHERINE GRECO		
Street Address 20 MASHUENA DRIVE			Street Address 20 MASHUENA DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES 2000	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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 ROBERT GRECO				Date JANUARY 31, 2018	
Signature of Authorized Representative 					

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

FILED

MAY 29 2018

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FORM 630 - Revised: 10/2017