



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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
CORPORATION DIVISION

2019 APR -1 PM 3:00

1. Entity ID Number <u>001672821</u>		2. Exact name of the Corporation <u>Acranom Masonry, Inc.</u>	
3. Principal Office Address <u>80 Industrial Pk. Access Rd.</u>		City <u>Middlefield</u>	State <u>CT</u>
Zip <u>06455</u>			
4. NAICS Code <u>444190</u>	6. Brief description of the character of business conducted in Rhode Island <u>Masonry Contractor</u>		
5. State of Incorporation <u>CT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Tricia Monarca</u>		Vice-President Name <u>Salvatore Monarca</u>	
Street Address <u>249 Haddam Qtr. Rd.</u>		Street Address <u>249 Haddam Qtr. Rd.</u>	
City <u>Durham</u>	State <u>CT</u>	Zip <u>06422</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>0</u>	
		<u>0</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>Sal Monarca</u>		Date <u>3/27/19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

APR 01 2019
BY Z 7508
A.A. 3:02 PM