RI SOS Filing Number: 201989674660 Date: 4/1/2019 3:02:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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

O 167383

Acranom Masony, Inc
3. Principal Office Address

80 Inclustrial FK. Access Rcl.

Middle field

CT

OW455

4. NAICS Code

AA A 19D

6. Brief description of the character of business conducted in Rhode Island

Masony Contractor

1. Entity ID Number	12 Evactor	no of the Comoratio			—	
	2. Exact name of the Corporation Acranom Masony, Inc-					
(686,0100	Acrai	nom masor				
3. Principal Office Address	s a contraction		City	C . (State	Zip
80 Industrial PK. Access Rel.			Middle		CT	06455
4. NAICS Code	, ,	cription of the charac		ducted in Rhode I	Island	
4. NAICS Code AAA 190 Bi. Brief description of the character of business conducted in knode island Masony Contractor						
5. State of Incorporation		,				
CT						
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Tricia Monarca			Vice-President Name			
			Salvatore Monarca Street Address			
249 Haddan Otr. Rd.			249 Haddom Otr. Rd.			
Ourhan	State	Zip	City Durhau	- M	State	Zip O6UJZ
Secretary Name		1 00 00	Treasurer Name		<u> - </u>	
Street Address			Street Address			
City	State	Zip	City	· - , ·- · · ·	State	Zip
8. List ALL directors (names	and addresses)		<u> </u>	Check	the box to indi	cate an attachment
Director Name	and addresses)		Director Name	<u> </u>	t the box to man	cate an esteciment
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name			Director Name	·		i
Street Address	Street Address					
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Iss	ued	Check	the box to indic	cate an attachment
This information is currently of record in the		NUMBER OF		CLASS/SERIE		PAR VALUE
Department of State.						D
Changes require an additiona	l filing.	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·					
11. This report must be executrustee, this report must be executed the second must be	cuted on behalf of the	e corporation by an a of the corporation by	authorized represent the receiver or trusti	tative. If the corpo ee.	oration is in the	hands of a receiver or
Under penalty of perjury, I	declare and affirm	that I have examin	ed this report, incl	uding any accor	npanying sch	dules and
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date						
Sal Monara 3/27/19						1/19
Signature of Authorized Representative FILED						
MAIL TO: APR 0 1 2019						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

A A. 3:02P-M.

FORM 630 - Revised: 10/2017