



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

Annual Report for the year: 2019  
 Corporation

RECEIVED  
 SECRETARY OF STATE  
 CORPORATION DIVISION

2019 APR -1 PM 3:00

- 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 <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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>	City <u>Durham</u>	State <u>CT</u>	Zip <u>06422</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		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.  Changes require an additional filing.		NUMBER OF SHARES	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.					
<b>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.</b>					
Name of Authorized Representative <u>Sal Monarca</u>					Date <u>3/27/19</u>
Signature of Authorized Representative 					

**FILED**

APR 01 2019

BY Z 7508

AA 3:02 PM

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
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