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R.I. DEPT. OF STATE
BUSINESS DIV



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

2019 SEP 12 P 1:21

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.

1. Entity ID Number 001298009		2. Exact name of the Corporation BAMOS CONSTRUCTION MASONRY, INC			
3. Principal Office Address 141 COWSETT AV			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island MASONRY. CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers, (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Erwin L Ramos			Vice-President Name		
Street Address 141 COWSETT AV.			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name DIBRY A HIDALGO			Treasurer Name DIBRY A HIDALGO		
Street Address 141 COWSETT AV.			Street Address 141 COWSETT AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Erwin L Ramos			Director Name Erwin L Ramos		
Street Address 141 COWSETT AV			Street Address 141 COWSETT AV		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name Erwin L Ramos			Director Name		
Street Address 141 COWSETT AV			Street Address		
City WEST WARWICK	State RI	Zip 02893	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			8,000		COMMON
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 Erwin L Ramos				Date 9/12/19	
Signature of Authorized Representative <i>[Signature]</i>					

FILED

SEP 12 2019
BY PL TWKYT
1:21