RI SOS Filing Number: 202034182170 Date: 2/10/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

FILED FEB 1 0 2020 O

<ul><li>→ Filing Fee: \$50.00</li><li>→ Penalty: Additional \$2.</li></ul>	5.00 fee if form is no	ot filed by April 1.		" - HOL	) 	-	
1. Entity ID Number 00098102		2. Exact name of the Corporation C.N.A. Plastering Co., Inc.					
Principal Office Address     Abbott Run Valley Road			City Cumberlan	d	State RI	Zip <b>02864</b>	
4. NAICS Code 236115  5. State of Incorporation Rhode Island	6. Brief descr Plastering	6. Brief description of the character of business conducted in Rhode Island  Plastering					
7. List ALL officers (names a	nd addresses)			Chack	the box to i	ndicate an attachment (	
President Name Carlos Soare	es		Vice-Presider		tile box to i	noicate an attachment t	
Street Address 3 Abbott Run	Street Address						
City Cumberland	State RI	Zip 02864	City		Stale	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)			Check	the box to i	ndicate an attachment [	
Director Name Carlos Soares	<b>.</b>		Director Name				
Street Address 3 Abbott Run Valley Rd			Street Address				
Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip	
Pirector Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss				ndicate an attachment [	
This information is currently of record in the Department of State.		NUMBER OF SHARES 50		CLASS/SERIES  Common		PAR VALUE	
Changes require an additional	l filing.						
11. This report must be exectrustee, this report must be e					oration is in	the hands of a receiver of	
Under penalty of perjury, I	declare and affirm t	hat I have examin	ed this report, i	ncluding any accor	npanying s	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
Carlos Soares					February 5, 2020		
Signature of Anthorized Repr	_	SHANIDO	QUMENT HERE				
1 1010X/1 //010	el (	5,0,7,90				<u></u>	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040