



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

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Annual Report for the year: 2020
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 000068822		2. Exact name of the Corporation Wonder Wall Construction, Inc.			
3. Principal Office Address 835 High Street		City Central Falls		State RI	Zip 02863
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island Drywall and Plastering			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Artur Silva			Vice-President Name Lise Ann Silva		
Street Address 54 Cook Road			Street Address 54 Cook Road		
City Cumberland		State RI	Zip 02864	City Cumberland	
Secretary Name Lise Ann Silva		Treasurer Name Artur Silva			
Street Address 54 Cook Road			Street Address 54 Cook Road		
City Cumberland		State RI	Zip 02864	City Cumberland	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Artur Silva			Director Name Lise Ann Silva		
Street Address 54 Cook Road			Street Address 54 Cook Road		
City Cumberland		State RI	Zip 02864	City Cumberland	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
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/SLRILS	PAR VALUE
			6000	Common	No Par Value
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 Artur Silva				Date 2/11/2020	
Signature of Authorized Representative 				SIGN DOCUMENT FILED	

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