



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

FILED
 FEB 27 2020
 1104

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 000676883		2. Exact name of the Corporation B & A Masonry, Inc.			
3. Principal Office Address 17 Elder Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island Masonry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alcida Correia			Vice-President Name None		
Street Address 17 Elder Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Alcida Correia			Treasurer Name Alcida Correia		
Street Address 17 Elder Avenue			Street Address 17 Elder Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alcida Correia			Director Name None		
Street Address 17 Elder Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
			PAR VALUE		
			100	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 Alcida Correia				Date 2/25/2020	
Signature of Authorized Representative <i>Alcida Correia</i>			SIGNATURE NAME: R.P.		

MAIL TO:
 Division of Business Services
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