



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

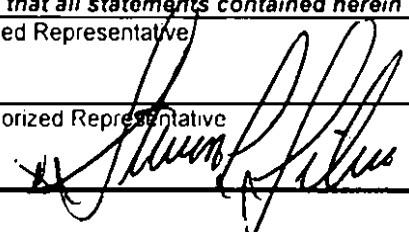
Annual Report for the year: **2021**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

JAN 15 2021

BY

1. Entity ID Number 000148680		2. Exact name of the Corporation S&S Plastering and Drywall, Inc.												
3. Principal Office Address 21 Tallman Avenue			City East Providence	State RI	Zip 02914									
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island TO OPERATE AS A GENERAL PLASTERING AND DRYWALL CONSTRUCTION CONTRACTOR												
5. State of Incorporation Rhode Island		TITLE 7-1-4-51												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Steven Silva			Vice-President Name Steven Silva											
Street Address 21 Tallman Avenue			Street Address 21 Tallman Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
Secretary Name Steven Silva			Treasurer Name Steven Silva											
Street Address 21 Tallman Avenue			Street Address 21 Tallman 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 ☐														
Director Name Steven Silva			Director Name											
Street Address 21 Tallman Avenue			Street Address											
City East Providence	State RI	Zip 02914	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	No Par			
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1000	Common	No Par												
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 Steven Silva					Date									
Signature of Authorized Representative 					SEEN DOCUMENT HERE									

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov