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

FILED STAMP
JAN 15 2021
BY 5466

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.

1. Entity ID Number	2. Exact name of the Corporation
000148680	S&S Plastering and Drywall, Inc.

3. Principal Office Address	City	State	Zip
21 Tallman Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238310	TO OPERATE AS A GENERAL PLASTERING AND DRYWALL CONSTRUCTION CONTRACTOR
5. State of Incorporation: Rhode Island	~~TITLE 7-1.1-51~~

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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	Date
Steven Silva	
Signature of Authorized Representative: SIGN 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

FORM 630 - Revised: 10/2017