



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

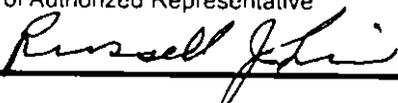
FILED

JAN 20 2021

4422

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 000107428		2. Exact name of the Corporation G & R PLASTERING, INC.			
3. Principal Office Address 227 GRAND AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island PLASTERING - NEW AND REPAIRS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RUSSELL J LEMIRE			Vice-President Name GERALD GRACE		
Street Address 227 GRAND AVENUE			Street Address 27 MCALOON STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name GERALD GRACE			Treasurer Name RUSSELL J LEMIRE		
Street Address 27 MCALOON STREET			Street Address 227 GRAND AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RUSSELL J LEMIRE			Director Name GERALD GRACE		
Street Address 227 GRAND AVENUE			Street Address 27 MCALOON STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	CNP	\$0.000
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. <i>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.</i>					
Name of Authorized Representative RUSSELL J LEMIRE				Date 1/11/2021	
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