RI SOS Filing Number: 202189361330 Date: 2/1/2021 4:00:00 PM

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

STAMP

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. Corporate ID No.: 69145	2. Name of Corporation: R.D. Angell Masonry Co., Inc.		
3. Street Address Principal Business Office: 91 Baird Avenue	City: N. Providence	State: RI	Zip: 02904
5. NAICS Code: 212321	5. State of Incorporation: Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island: General construction, masonry and conrete.			

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Frank Marini			Vice President Name:		
Street Address: 91 Baird Avenue			Street Address:		
City: N. Providence	State: RI	Zip: 02904	City:	State:	Zip:
Secretary Name: Frank Marini			Treasurer Name: Frank Marini		
Street Address: 91 Baird Avenue			Street Address: 91 Baird Avenue		
City: N. Providence	State: RI	Zip: 02904	City: N. Providence	State: RI	Zip: 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
50 shares common stock of 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.

Signature: Frank Marini

FILED

Date: 2021

FEB 01 2021 KM

Frank Marini
Print or Type Name

President
Title

BY 20087

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