



State of Rhode Island

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

FEB 03 2021

BY

10033

1. Entity ID Number 55282		2. Exact name of the Corporation ANDRADE MASONRY CO., INC.			
3. Principal Office Address 36 Blossom Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island landscaping, masonry, cement and concrete work			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian J. Andrade			Vice-President Name Brian J. Andrade		
Street Address 233 Legris Avenue			Street Address 233 Legris Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Brian J. Andrade			Treasurer Name Brian J. Andrade		
Street Address 233 Legris Avenue			Street Address 233 Legris Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian J. Andrade			Director Name		
Street Address 233 Legris Avenue			Street Address		
City West Warwick	State RI	Zip 02893	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 <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		
300			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 Brian J. Andrade, President					Date 01/14/21
Signature of Authorized Representative <i>X Brian J Andrade</i>					

MAIL TO:

Division of Business Services

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