

M/	IR 05 2028	Mollis, Secretary of State
BY	10235	W River Street
_ ·	- 0.1 0	Providence, RI 02904-2615
D. D	2021	401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • Filing Fee: \$50.00" • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate II) No 59743	2. Name of Corporation SPOSATO'S MASONRY, INC.						
3 Street Address Principal Business Office 165 WINNAPAUG ROAD			WESTERLY	State -	<i>Σφ</i> 02891		
		5 State of Incorporation RHODE ISLAND					
Brief Description of the Character MASONRY & TILE INSTA			28140)	<u></u>			
7. NAMES AND ADDRESSE		C'X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING	ATTACHMENTS		
Prisident Name ENRICO SPOSATO			Vice President Name MASSIMO SPOSATO				
Sinvi Address			Singl Address 165 WINNAPAUG ROAD				
165 WINNAPAUG ROAD City State Zip		Zip	City	State	Zψ		
WESTERLY	RI	02891	WESTERLY	RI	02891		
GRAZIA SPOSATO			ENRICO SPOSATO				
Street Address 165 WINNAPAUG ROAD			Sinver Address / 165 WINNAPAUG ROAD				
WESTERLY	State	7.tp 02891-	WESTERLY	State RI	<i>Ζψ</i> 02891		
	OF THE DIRECTO	RS: ("X" BOX FOR ATT	FACHMENT) . FILL IN SPAC	ES BEFORE USING	ATTACHMENTS		
Director Name ERICO SPOSATO			MASSIMO SPOSATO				
Street Address 165 WINNAPAUG ROAD			Street Address 165 WINNAPAUG ROAD				
Chy	State	Z.tp	City:	State	<i>χ</i> φ		
WESTERLY Director Name	JRI	J 02891	: WESTERLY : Director Name	RI	[02891		
GRAZIA SPOSATO							
Simil Address 165 WINNAPAUG ROAI	D		Street Address				
ભા WESTERLY	State RI	<i>Хір</i> 02891	City	State	Zψ		
9. SHARÈS AUTHORIZED			10. SHARES ISSUED ("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.			Number of Shares	ClassSeries	Par Value		
			1000	COMMON	NO PAR VALU		
			THIS SECTION	WUST BE CC			
This report must be execute	d on behalf of the cor	poration by an authorize	d representative. If the corpora	tion is in the hands	of a receiver or trustee		
his report must be executed	on behalf of the con	poration by the receiver	or trustee.				
					hat I have examined this re		
	<u>.</u>	7	including any accompany contained herein any fue		tements, and that all stater		
File Date			Ens the				
Check No.			Signature		Date		
			ENRICO SPOSATO Print or Type Name				
By:	<u> </u>		PRESIDENT				
FOR SECRETARY OF STATE USE ONLY			Title				