State of Rhode Island

Department of State - Business Services Division

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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.

	MAR 0 8 2021 &
аү	11089

1. Entity ID Number	2. Exact nam	e of the Corporatio	n .						
517048	JD Plasterin	JD Plastering Inc							
3. Principal Office Address			City		State	Zip			
30 Roundway Dr	·				RI	02816			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
236118	Drywall & P	Drywall & Plastering							
5. State of Incorporation		┥ !							
RI									
7. List ALL officers (names and	d addresses)				ck the box to in	dicate an attachment 🔲			
President Name Joao Domingos			Vice-President Name						
Street Address 30 Roundway D	г		Street Address						
City Coventry	State RI	Zip 02816	City	,	State	Zip			
Secretary Name				Treasurer Name					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names a	nd addresses)			Che	ck the box to in	dicate an attachment			
Director Name		<u>-</u> -	Director Name	e					
Street Address			Street Addres	ss	<u> </u>				
oned Address			Oli eet Noui ess						
City	State	Zip	City		State	Zıp			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized	<u> </u>	10. Shares Is	sued	Che	ck the box to in	to indicate an attachment			
This information is currently of	record in the)F SHARES	CLASS/SE	R.ES	PAR VALUE			
Department of State. Changes require an additional filing.		100		CNP		0			
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11. This report must be execu	ted on behalf of the	corporation by an	authorized repre	sentative. If the co	rporation is in t	ne hands of a receiver or			
trustee, this report must be ex	ecuted on behalf o	f the corporation by	the receiver or t	trustee.					
Under penalty of perjury, I d				including any acc	companying so	nedules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date				
Joao Domingos			2/26/21						
Signature of Authorized Repre	sentative								
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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov