RI SOS Filing Number: 202194787060 Date: 3/19/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
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.

STAMP

FOR

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 19 A 11:23

1. Entity ID Number	2. Exact name of the Corporation		
000676883	**B & A Masonry, Inc.**		
3. Principal Office Address	City	State	Zip
17 Elder Avenue	**East Providence**	**RI**	**02914**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238110	**Masonry**		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Alcida Correia**			Vice-President Name **None**		
Street Address **17 Elder Avenue**			Street Address		
City **East Providence**	State **RI**	Zip **02914**	City	State	Zip
Secretary Name **Alcida Correia**			Treasurer Name **Alcida Correia**		
Street Address **17 Elder Avenue**			Street Address **17 Elder Avenue**		
City **East Providence**	State **RI**	Zip **02914**	City **East Providence**	State **RI**	Zip **02914**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Alcida Correia**			Director Name **None**		
Street Address **17 Elder Avenue**			Street Address		
City **East Providence**	State **RI**	Zip **02914**	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VA. OF
Changes require an additional filing.	**100**	**Common**	**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.

Name of Authorized Representative	Date
Alcida Correia	2-22-2021

Signature of Authorized Representative

X Alcida Correia SIGN DOCUMENT HERE

FILED C

MAR 19 2021

BY Ck #1189
11:23

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

FORM 630 - Revised: 10/2017