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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VA. OF
This information is currently of record in the Department of State.	100	Common	No Par Value
Changes require an additional filing.			

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

✖ 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