RI SOS Filing Number: 202194787600 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			
000068822	Wonder Wall Construction, Inc.			
3. Principal Office Address		City	State	Zip
835 High Street		Central Falls	RI	02863
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238310	Drywall and Plastering			
5. State of Incorporation				
RI				

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

President Name: Artur Silva			Vice-President Name: Lise Ann Silva		
Street Address: 54 Cook Road			Street Address: 54 Cook Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Lise Ann Silva			Treasurer Name: Artur Silva		
Street Address: 54 Cook Road			Street Address: 54 Cook Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

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

Director Name: Artur Silva			Director Name: Lise Ann Silva		
Street Address: 54 Cook Road			Street Address: 54 Cook Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
6000	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: Artur Silva

Date: 2/8/21

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

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MAR 19 2021
BY CH #4083
11:23

FORM 630 - Revised: 10/2017