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

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
000312310	MADURO MASONRY CONTRACTOR, INC.

3. Principal Office Address	City	State	Zip
8 Christopher Drive	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238140	Masonry work
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Francisco T. Maduro	Natalia M. Maduro
Street Address: 8 Christopher Drive	Street Address: 8 Christopher Drive
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809
Secretary Name: Natalia M. Maduro	Treasurer Name: Francisco T. Maduro
Street Address: 8 Christopher Drive	Street Address: 8 Christopher Drive
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809

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

Director Name	Director Name
Francisco T. Maduro	Natalia M. Maduro
Street Address: 8 Christopher Drive	Street Address: 8 Christopher Drive
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809
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
200	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: Francisco T. Maduro

Date: 2/1/2021

Signature of Authorized Representative: Francisco T. Maduro

SIGN DOCUMENT HERE

FILED
MAR 19 2021
BY CA Cert 3552
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