



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 45186		2. Exact name of the Corporation MEMO CONSTRUCTION, INC.			
3. Principal Office Address 75 Terrace Avenue		City Riverside		State RI	Zip 02915
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ladd W. Meyer			Vice-President Name Ladd J. Meyer		
Street Address 75 Terrace Avenue			Street Address 39 Cady Road		
City Riverside		State RI	Zip 02915	City Barrington	
				State RI	
				Zip 02806	
Secretary Name Susan Meyer			Treasurer Name Susan Meyer		
Street Address 75 Terrace Avenue			Street Address 75 Terrace Avenue		
City Riverside		State RI	Zip 02915	City Riverside	
				State RI	
				Zip 02915	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Susan Meyer			Director Name Ladd W. Meyer		
Street Address 75 Terrace Avenue			Street Address 75 Terrace Avenue		
City Riverside		State RI	Zip 02915	City Riverside	
				State RI	
				Zip 02915	
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	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. <i>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.</i>					
Name of Authorized Representative Ladd W. Meyer				Date 1-31-22	
Signature of Authorized Representative 					

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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FEB 11 2022

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