



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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Annual Report for the year: **2022**  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>001671401</b>		2. Exact name of the Corporation <b>CM MASONRY, LTD.</b>			
3. Principal Office Address <b>82 Fairview Avenue</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>238140</b>	6. Brief description of the character of business conducted in Rhode Island <b>Masonry Work</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ildegardo M. Carreiro</b>			Vice-President Name <b>Jorge C. Mendes</b>		
Street Address <b>82 Fairview Avenue</b>			Street Address <b>167 Jenckes Avenue</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>
Secretary Name <b>Ildegardo M. Carreiro</b>			Treasurer Name <b>Jorge C. Mendes</b>		
Street Address <b>82 Fairview Avenue</b>			Street Address <b>167 Jenckes Avenue</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ildegardo M. Carreiro</b>			Director Name <b>Jorge C. Mendes</b>		
Street Address <b>82 Fairview Avenue</b>			Street Address <b>167 Jenckes Avenue</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		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 <b>Ildegardo M. Carreiro</b>					Date
Signature of Authorized Representative <i>Ildegardo M. Carreiro</i>					

FILED

SIGN DOCUMENT HERE

MAR 21 2022

BY *[Signature]* X27A7  
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov