



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

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2022 MAR 21 A 8:54

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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 001671401		2. Exact name of the Corporation CM MASONRY, LTD.			
3. Principal Office Address 82 Fairview Avenue		City Cumberland		State RI	Zip 02864
4. NAICS Code 238140	6. Brief description of the character of business conducted in Rhode Island Masonry Work				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ildegardo M. Carreiro			Vice-President Name Jorge C. Mendes		
Street Address 82 Fairview Avenue			Street Address 167 Jenckes Avenue		
City Cumberland	State RI	Zip 02864	City Central Falls	State RI	Zip 02863
Secretary Name Ildegardo M. Carreiro			Treasurer Name Jorge C. Mendes		
Street Address 82 Fairview Avenue			Street Address 167 Jenckes Avenue		
City Cumberland	State RI	Zip 02864	City Central Falls	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ildegardo M. Carreiro			Director Name Jorge C. Mendes		
Street Address 82 Fairview Avenue			Street Address 167 Jenckes Avenue		
City Cumberland	State RI	Zip 02864	City Central Falls	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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
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. <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 Ildegardo M. Carreiro					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