



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

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2023 JAN 24 PM 2:56
 2023 JAN 11 PM 1:13

1. Entity ID Number 35130		2. Exact name of the Corporation Rowe Plastering, Inc.										
3. Principal Office Address 3 Darius Lane		City Coventry	State RI									
		Zip 02816										
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island Sale and installation of plaster and products											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Charles R. Rowe		Vice-President Name										
Street Address 3 Darius Lane		Street Address										
City Coventry	State RI	Zip 02816										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CWP</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CWP	1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1000	CWP	1.00										
Changes require an additional filing.												
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 Charles R. Rowe, President		Date 1/6/23										
Signature of Authorized Representative <i>Charles R. Rowe</i>												

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

FILED

JAN 24 2023
 BY *RW/99*
 A.A. 2:56pm

FORM 630 - Revised: 11/2021