



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 1738657		2. Exact name of the Corporation Arch Masonry, Inc.		2023 MAR -7 P 12:02	
3. Principal Office Address 98 Wilmarth Avenue		City East Providence	State RI	Zip 02914	
4. NAICS Code 238140	6. Brief description of the character of business conducted in Rhode Island To provide masonry services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joao Soares			Vice-President Name None		
Street Address 98 Wilmarth Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Alexa Soares			Treasurer Name Joao Soares		
Street Address 98 Wilmarth Avenue			Street Address 98 Wilmarth Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joao Soares			Director Name None		
Street Address 98 Wilmarth Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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
		100		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 Joao Soares, President				Date 02/27/23	
Signature of Authorized Representative 					

FILED

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

MAR 07 2023
 BY ML 7N ZJB