



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

Annual Report for the year: **2023**  
Corporation

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

**FILED**

MAR 30 2023

BY 

1. Entity ID Number <b>118377</b>		2. Exact name of the Corporation <b>EAST SIDE MASONRY, INC.</b>			
3. Principal Office Address <b>90 RIVERSIDE DRIVE</b>		City <b>EAST PROVIDENCE</b>		State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>238140</b>		6. Brief description of the character of business conducted in Rhode Island <b>MASONRY WORK, CONTRUCTION WORK, INCLUDING RESTORATION AND REPAIR WORK</b>			
5. State of Incorporation <b>RHODE ISLAND</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>MICHAEL R. PLUME</b>			Vice-President Name <b>MICHAEL R. PLUME</b>		
Street Address <b>90 RIVERSIDE DRIVE</b>			Street Address <b>90 RIVERSIDE DRIVE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>MICHAEL R. PLUME</b>			Treasurer Name <b>MICHAEL R. PLUME</b>		
Street Address <b>90 RIVERSIDE DRIVE</b>			Street Address <b>90 RIVERSIDE DRIVE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</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>NONE</b>			Director Name <b>.</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>50</b>		<b>COMMON</b>	<b>NO PAR</b>
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. <b>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.</b>					
Name of Authorized Representative <b>MICHAEL R. PLUME</b>				Date <b>3-20-2023</b>	
Signature of Authorized Representative 					