



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.

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2023 MAR 31 12:02

1. Entity ID Number 000312310		2. Exact name of the Corporation MADURO MASONRY CONTRACTOR, INC.			
3. Principal Office Address 8 Christopher Drive			City Bristol	State RI	Zip 02809
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 ☐					
President Name Francisco T. Maduro			Vice-President Name Natalia M. Maduro		
Street Address 8 Christopher Drive			Street Address 8 Christopher Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Natalia M. Maduro			Treasurer Name Francisco T. Maduro		
Street Address 8 Christopher Drive			Street Address 8 Christopher Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Francisco T. Maduro			Director Name Natalia M. Maduro		
Street Address 8 Christopher Drive			Street Address 8 Christopher Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 200	CLASS/SERIALS Common	PAR VALUE 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 Francisco T. Maduro				Date 2/28/2023	
Signature of Authorized Representative <i>Francisco T. Maduro</i>				SIGN DOCUMENT HERE 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 31 2023

BY ML 4081

FORM 630 - Revised: 10/2017