



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.

STAMP
RECEIVED
DEPT. OF STATE
FOR
SV

2023 MAR 31 P 12:03

1. Entity ID Number 000155598		2. Exact name of the Corporation D C Masonry, Inc.			
3. Principal Office Address 200 Sagamore Road			City Seekonk	State MA	Zip 02771
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 Duarte M. Correia			Vice-President Name None		
Street Address 200 Sagamore Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Jeffry Correia			Treasurer Name Duarte M. Correia		
Street Address 248 Miller Street			Street Address 200 Sagamore Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Duarte M. Correia			Director Name None		
Street Address 200 Sagamore Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES 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 Duarte M. Correia				Date 3/1/2023	
Signature of Authorized Representative 				SIGN DOCUMENT 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 8949