



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**
Corporation

JAN 31 2024 *[Signature]*

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

1. Entity ID Number 000148680		2. Exact name of the Corporation S&S Plastering and Drywall, Inc.			
3. Principal Office Address 21 Tallman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island To operate as a General Plastering & Drywall Construction Contractor			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven A. Silva			Vice-President Name Steven A. Silva		
Street Address 21 Tallman Avenue			Street Address 21 Tallman Avenue		
City East Providence	State RI	Zip	City East Providence	State RI	Zip
Secretary Name Steven A. Silva			Treasurer Name Steven A. Silva		
Street Address 21 Tallman Avenue			Street Address 21 Tallman Avenue		
City East Providence	State RI	Zip	City East Providence	State RI	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	City	State	Zip
Director Name			Director Name		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	Common	No Par	
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 <i>[Signature]</i> Steven A. Silva				Date 01/02/2024	
Signature of Authorized Representative					

MAIL TO:
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