•								
State of Rhode Islan Department of St	_	s Services D	ivision					
Annual Report for the year: Corporation	202	4		JAN	312	2024 G		
Filing period: February 1 - May 1				17.1				
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	1 -1							
Entity ID Number 2. Exact name of the Corporation								
000148680	S&S Plastering and Drywall, Inc.							
3 Principal Office Address					State		Zıp	
21 Tallman Avenue			Easy F	Providence	RI		02914	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
238310	To operate as a General Plastering & Drywall Construction							
5. State of Incorporation	Contractor							
Rhode Island	node island							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name				
Steven A. Silva			Steven A. Silva					
21 Tallman Avenue			Street Address 21 Tallman Avenue					
City East Providence	State RI	Zip		Providence	State R	1	Zıp 	
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	t Providence	State R	 ≀I	Zıp	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment					
Director Name			Director Name					
Street Address				Street Address				
City	State	Zip	City	City			Zip	
Director Name			Director Name					
Street Address .			Street Address					
City	State	Zıp	City		State		Zip	
9 Shares Authorized		10. Shares Issue		Check the bo	x to indi			
This information is currently of record in the Department of State.		NUMBER OF SHARES		_	CLASS/SERIES PAR VALUE			
Changes require an additional filing.		1000		Common		No Pa	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 decla	ere and affirm that	l have examined	this report,		oanying	schedule	s and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative				Date				
Steven A. Silva					01/02/2024			
Signature of Authorized Representative								

MAIL TO:

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