



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED
FEB 15 2024
BY UGS
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1. Entity ID Number 107428		2. Exact name of the Corporation G & R PLASTERING, INC.			
3. Principal Office Address 227 GRAND AVENUE		City PAWTUCKET		State RI	Zip 02861
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island PLASTERING - NEW & USED			
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 RUSSELL J. LEMIRE			Vice-President Name GERALD GRACE		
Street Address 227 GRAND AVENUE			Street Address 98 MARGARET STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
Secretary Name GERALD GRACE			Treasurer Name RUSSELL J. LEMIRE		
Street Address 98 MARGARET STREET			Street Address 227 GRAND AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RUSSELL J. LEMIRE			Director Name GERALD GRACE		
Street Address 227 GRAND AVENUE			Street Address 98 MARGARET STREET		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02860
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		CLASSIFICATIONS	PAR VALUE
		100	CNP	\$0.00	
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 RUSSELL J. LEMIRE				Date 1/28/2024	
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