



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.

2024
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| 1. Entity ID Number 000117137 | | 2. Exact name of the Corporation STEPHEN'S MASONRY, INC. | | | | | | | | | | | | |
|--|--------------------|---|--|--------------------|------------------------|------------------|--------------|-----------|--------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 950 Smith Street | | | City Providence | State RI | Zip 02908 | | | | | | | | | |
| 4. NAICS Code 238140 | | 6. Brief description of the character of business conducted in Rhode Island To carry on & conduct a general masonry & construction business | | | | | | | | | | | | |
| 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 STEPHEN A. FEOLE, II | | | Vice-President Name STEPHEN A. FEOLE, II | | | | | | | | | | | |
| Street Address P.O. Box 20366 | | | Street Address P.O. Box 20366 | | | | | | | | | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 | | | | | | | | | |
| Secretary Name STEPHEN A. FEOLE, II | | | Treasurer Name STEPHEN A. FEOLE, II | | | | | | | | | | | |
| Street Address P.O. Box 20366 | | | Street Address P.O. Box 20366 | | | | | | | | | | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name NONE | | | Director Name NONE | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| Director Name NONE | | | Director Name NONE | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized | | 10. Shares Issued 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. | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1,000 | COMMON | NO PAR | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| 1,000 | 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 STEPHEN A. FEOLE, II | | | | | Date 2/23/24 | | | | | | | | | |
| Signature of Authorized Representative | | | | | 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

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