



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2024


FILED

MAR 20 2024

BY UKOS

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 118377		2. Exact name of the Corporation EAST SIDE MASONRY, INC.			
3. Principal Office Address 90 RIVERSIDE DRIVE			City EAST PROVIDENCE	State RI	Zip 02915
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island MASONRY WORK, CONTRUCTION WORK, INCLUDING RESTORATION AND REPAIR WORK			
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 MICHAEL R. PLUME			Vice-President Name MICHAEL R. PLUME		
Street Address 90 RIVERSIDE DRIVE			Street Address 90 RIVERSIDE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name MICHAEL R. PLUME			Treasurer Name MICHAEL R. PLUME		
Street Address 90 RIVERSIDE DRIVE			Street Address 90 RIVERSIDE DRIVE		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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			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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	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 MICHAEL R. PLUME				Date 3-15-24	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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