RI SOS Filing Number: 202452522680 Date: 4/24/2024 3:50:00 PM

| Change of Physics 1 | | | | | | 72. 22. 24. | |
|--|--|--|---------------------|---|-----------------------|--------------------------|--|
| State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2023 Corporation | | | | | | EC'D RIDI | |
| → Filing period: February → Filing Fee: \$50.00 → Penalty: Additional \$25 | | ot filed by May 31. | | | _ | RIDGS BSD 24 PM3:49:4 | |
| 1. Entity ID Number 001723077 | 2. Exact nam | 2. Exact name of the Corporation VILLATORO MASONRY INC | | | | | |
| 3. Principal Office Address 121 HAZAEL ST | | | City | IDENCE | State | Žip 02908 | |
| 4. NAICS Code | | ription of the charac | | | ode Island | | |
| 238140 5. State of Incorporation | MASONF | MASONRY AND HOUSE REPAIRS | | | | | |
| 7. List ALL officers (names an | Check the box to indicate an attachment | | | | | | |
| President Name VICENTE VILLATORO | | | Vice-President Name | | | | |
| Street Address 121 HAZAEL ST | | | Street Address | | | | |
| CITY PROVIDENCE | State RI | ^{Zip} 02908 | City | | State | Zip | |
| Secretary Name | | | Treasurer Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | ZΙρ | City | | State | Zip | |
| 8. List ALL directors (names a Director Name | nd addresses) | | l | | the box to indicate | an attachment 🔲 | |
| | | | Director Name | | | | |
| Street Address | | | Street Add | ress | | | |
| City | State | Zīp | City | | State | Zip | |
| Director Name | | | Director N | ame | L | | |
| Street Address | | | Street Address | | | | |
| City | State | Zlp | City | | State | Zip | |
| 9. Shares Authorized 10. Shares Is | | 10. Shares Iss | | | the box to Indicate | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF | SHARES | CNP | /SERIES | PAR VALUE | |
| | | | | | | | |
| 11. This report must be execu- | ted on behalf of the | corporation by an a | uthorized rep | I presentative. If the | corporation is in the | hands of a re- | |
| Ceiver or trustee, this report multiple of periury, it is | ust be executed on lecture and affirm t | behalf of the corpor | ration by the | receiver or trustee. rt, including any a | ccompanying sch | edules and | |
| statements, and that all stat Name of Authorized Represen | ements contained | herein are true an | d correct | | | | |
| VICENTE VILLATORO | | | | | Date 04/23/2024 | | |
| Signature of Aurical Zerd Ropes | entative | | <u>.</u> | FILED | 350 | | |
| MAIL TO: Division of Business Services 148 W. River Street Providence, F | Rhode Island 02904-2 | B15 | | - APR 242 y MY 43 XF | 024 | | |
| Phone: (401) 222-3040 Website: www.sos.ri.gov | | | | 110/10 | FORM 6 | 30- Revised: 12/2023 | |