



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.

MAY 01 2024

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1. Entity ID Number <b>001662656</b>		2. Exact name of the Corporation <b>Cornerstone Masonry Services, Inc.</b>			
3. Principal Office Address <b>41 Greenfield Street</b>			City <b>South Easton</b>	State <b>MA</b>	Zip <b>02375</b>
4. NAICS Code <b>238140</b>		6. Brief description of the character of business conducted in Rhode Island <b>Commercial Construction Masonry</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Christopher Lammey</b>			Vice-President Name		
Street Address <b>41 Greenfield Street</b>			Street Address		
City <b>South Easton</b>	State <b>MA</b>	Zip <b>02375</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Christopher Lammey</b>			Director Name		
Street Address <b>41 Greenfield Street</b>			Street Address		
City <b>South Easton</b>	State <b>MA</b>	Zip <b>02375</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>10,000</b>		<b>CNP</b>	
				<b>0.00</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Christopher Lammey</b>				Date <b>4/25/2024</b>	
Signature of Authorized Representative <b>President</b>					

MAIL TO:  
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