RI SOS Filing Number: 202453927060 Date: 5/1/2024 4:00:00 PM

State of Rhode Islan	nd					<del></del>		
Department of S  Annual Report for the year: Corporation	tate - Busin	ess Services	Division				28.EC	
→ Filing period: February 1 → Filing Fee: \$50.00 → Penalty. Additional \$25.00		of filed by May 31				• • •	D RIDO	
1. Entity ID Number 35839	2 Exact name of the Corporation JOHN PACHECO MASONRY, INC						<del>~:::</del>	
3. Principal Office Address 53 ST ELIZABETH STRE	ET		City BRIST	STOL S		<del></del>	Z <sub>IP</sub> 02809	
4. NAICS Code 212321 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island MASONRY CONTRACTOR							
RHODE ISLAND  7. List ALL officers (names and ac	ldresses)			Check the	hoy to ind	icate an a	ttachment 🗍	
President Name JOHN PACHECO				Check the box to indicate an attachment  Vice-President Name				
Street Address 53 ST ELIZABETH STREET			Street Add	Street Address				
Cily BRISTOL	State RI	<sup>7ip</sup> 02809	City		State	<u> </u>		
Secretary Name JOHN PACHE		Treasurer Name JOHN PACHECO						
Street Address 53 ST ELIZAB	Street Address 53 ST ELIZABETH STREET							
<sup>Cily</sup> BRISTOL	State RI	<sup>Zip</sup> 02809	City BRI	STOL	Istato			
8. List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment   Director Name					
JOHN PACHE		<del></del>					- · · · · ·	
Street Address 53 ST ELIZABETH STREET			Street Address					
<sup>City</sup> BRISTOL	State RI	<sup>Z<sub>ip</sub></sup> 02809	City	City State			Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City	<u> </u>	State		Zıp	
Shares Authorized This information is currently of reco	10. Shares Issu		Check the		icate an a	Itachment  PAR VALUE		
Department of State. Changes require an additional filing.		100		COMMON		0	FAR VALUE	
11 This report must be executed of ceiver or trustee, this report must lead of the ceiver penalty of perjury, I declar that all statements, and that all statements.	be executed on b are and affirm the ants contained h	ehalf of the corporate the corporate that I have examine	ation by the i	receiver or trustee.				
Name of Authorized Representative  JOHN PACHECO				Date 042724				
Signature of Authorized Represent	lative		FILE	<b>:</b> D	1	_		
MAN TO: Division of Business Services	o Island 02004 75:		11	2024				

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 1794