



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.

REC'D RIDG 6SD
24 MAY 1 13:51

1. Entity ID Number 35839		2. Exact name of the Corporation JOHN PACHECO MASONRY, INC	
3. Principal Office Address 53 ST ELIZABETH STREET		City BRISTOL	State RI
		Zip 02809	
4. NAICS Code 212321	6. Brief description of the character of business conducted in Rhode Island MASONRY CONTRACTOR		
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 JOHN PACHECO		Vice-President Name	
Street Address 53 ST ELIZABETH STREET		Street Address	
City BRISTOL	State RI	Zip 02809	
Secretary Name JOHN PACHECO		Treasurer Name JOHN PACHECO	
Street Address 53 ST ELIZABETH STREET		Street Address 53 ST ELIZABETH STREET	
City BRISTOL	State RI	Zip 02809	City BRISTOL
			State RI
			Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JOHN PACHECO		Director Name	
Street Address 53 ST ELIZABETH STREET		Street Address	
City BRISTOL	State RI	Zip 02809	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON
			PAR VALUE 0
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 JOHN PACHECO			Date 042724
Signature of Authorized Representative <i>John Pacheco</i>			FILED

MAY 1 2024

BY 1794
TDC