



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.

FILED
MAY 14 2024
BY 1578 DS

1. Entity ID Number 000098102		2. Exact name of the Corporation CNA Plastering Co. Inc				
3. Principal Office Address 3 Abbott Run Valley Road			City Cumberland	State RI	Zip 02864	
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island				
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 Carlos Soares			Vice-President Name			
Street Address 3 Abbott Run Valley Rd			Street Address			
City Cumberland	State RI	Zip 02864	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 Carlos Soares			Director Name			
Street Address 3 Abbott Run Valley Rd			Street Address			
City Cumberland	State RI	Zip 02864	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	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. <i>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.</i>						
Name of Authorized Representative Carlos Soares				Date 04/24/2024		
Signature of Authorized Representative 						

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