



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 RIDOS BSD
24 JUL 5 AM 11:21:01

1. Entity ID Number 001748931		2. Exact name of the Corporation Vieira Stone, Inc				
3. Principal Office Address 513 Winthrop St			City Rehoboth		State MA	Zip 02769
3. NAICS Code 238340		4. Brief description of the character of business conducted in Rhode Island Installation of Tile & Counter Tops				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name Antonio C Vieira			Vice-President Name Erico Vieira			
Street Address 15 South Phillips St			Street Address 15 South Phillips St			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914	
Secretary Name Antonio C Vieira			Treasurer Name Erico Vieira			
Street Address 15 South Phillips St			Street Address 15 South Phillips St			
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
			NUMBER OF SHARES CLASS/SERIES PAR VALUE			
			100	Common	1	
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 Antonio C Vieira			FILED JUL 05 2024 BY LR2JB		Date 7-1-24	
Signature of Authorized Representative						

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

Website: www.sos.ri.gov

FORM 630- Revised 12/2023