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 DIV. OF BUS. SERVICES



**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.

1. Entity ID Number 321835		2. Exact name of the Corporation Fernandes Masonry, Inc.			
3. Principal Office Address 1031 Phillips Road			City New Bedford	State MA	Zip 02745
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Performing Masonry installation, such as block, brick and stone.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor Fernandes			Vice-President Name Juliao Fernandes		
Street Address 66 Slades Farm Lane			Street Address 1432 Main Street		
City Dartmouth	State MA	Zip 02748	City Acushnett	State MA	Zip 02743
Secretary Name David Fernandes			Treasurer Name Juliao Fernandes		
Street Address 47 Medeiros Lane			Street Address 1432 Main Street		
City N. Dartmouth	State MA	Zip 02747	City Acushnet	State MA	Zip 02743
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Victor Fernandes			Director Name Juliao Fernandes		
Street Address 66 Slades Farm Lane			Street Address 1432 Main Street		
City Dartmouth	State MA	Zip 02748	City Acushnet	State MA	Zip 02743
Director Name David Fernandes			Director Name		
Street Address 47 Medeiros Lane			Street Address		
City N. Dartmouth	State MA	Zip 02747	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	
		2000		0	
		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 Victor Fernandes				Date 10/15/2024	
Signature of Authorized Representative 				FILED	

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

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