



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.

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FOR THE STATE OF RHODE ISLAND  
DEPARTMENT OF STATE

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

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

**OCT 15 2024**  
**BY T. D. 26 AA.**  
**12:22 pm**