



Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

JAN 27 2025

BY SS41

- 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 39038		2. Exact name of the Corporation J.A.M. Masonry, Inc.			
3. Principal Office Address 6 Lori Ellen Drive		City Esmond		State RI	Zip 02917
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island masonry construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James A. Munio			Vice-President Name James A. Munio, Jr.		
Street Address 6 Lori Ellen Drive			Street Address 6 Lori Ellen Drive		
City Esmond	State RI	Zip 02917	City Esmond	State RI	Zip 02917
Secretary Name Carol Munio			Treasurer Name Carol Munio		
Street Address 6 Lori Ellen Drive			Street Address 6 Lori Ellen Drive		
City Esmond	State RI	Zip 02917	City Esmond	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James A. Munio			Director Name James A. Munio, Jr.		
Street Address 6 Lori Ellen Drive			Street Address 6 Lori Ellen Drive		
City Esmond	State RI	Zip 02917	City Esmond	State RI	Zip 02917
Director Name Carol Munio			Director Name		
Street Address 6 Lori Ellen Drive			Street Address		
City Esmond	State RI	Zip 02917	City	State	Zip
9. Shares Authorized 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		C. ASS/SES	
		600		Common	
				No Par Value	
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 James A. Munio				Date 1-22-25	
Signature of Authorized Representative 					