



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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

FEB 05 2025

BY 6871  
AA-

1. Entity ID Number 000124453		2. Exact name of the Corporation R.C. MASONRY INC.			
3. Principal Office Address 13 Pinewood Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To own and operate a masonry business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Rui M Correia			Vice-President Name None		
Street Address 13 Pinewood Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name April Correia			Treasurer Name Rui M Correia		
Street Address 13 Pinewood Avenue			Street Address 13 Pinewood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Rui M Correia			Director Name None		
Street Address 13 Pinewood Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 Rui M Correia				Date 1/28/2025	
Signature of Authorized Representative 					