



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.
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3. Principal Office Address 13 Pinewood Avenue	City Johnston	State RI	Zip 02919
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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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.	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
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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