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.

1. Entity ID Number	2. Exact name of the Corporation
000006254	Macera Bros. Construction Co.

3. Principal Office Address	City	State	Zip
81 Hartford Pike	North Scituate	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	Buying, selling, and holding real estate, general construction of buildings, landscaping, including installation of septic system and driveways.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Anthony J. Macera	20 Lady Slipper Lane	North Scituate	RI	02857

Vice-President Name	Street Address	City	State	Zip
Karen E. Macera	20 Lady Slipper Lane	North Scituate	RI	02857

Secretary Name	Street Address	City	State	Zip
Anthony J. Macera	20 Lady Slipper Lane	North Scituate	RI	02857

Treasurer Name	Street Address	City	State	Zip
Karen E. Macera	20 Lady Slipper Lane	North Scituate	RI	02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Anthony J. Macera	20 Lady Slipper Lane	North Scituate	RI	02857

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 ☐

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	Date
Anthony J. Macera	1-20-25

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

FILED
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BY KmHaK

FORM 630- Revised 12/2023