



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 14 2025
BY *[Signature]*

1. Entity ID Number 35839		2. Exact name of the Corporation JOHN PACHECO MASONRY, INC			
3. Principal Office Address 53 ST ELIZABETH STSREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island MASONRY CONTRQACTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN PACHECO			Vice-President Name		
Street Address 53 ST ELIZABETH STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name JOHN PACHECO			Treasurer Name JOHN PACHECO		
Street Address 53 ST ELIZABETH STREET			Street Address 53 ST ELIZABETH STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN PACHECO			Director Name		
Street Address 53 ST ELIZABETH STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 JOHN PACHECO					Date 1/11/2025
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services
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