State of Rhode Isla Department of S Annual Report for the year:	State - Busin	ess Services I	Division	REC'D RI '25 MAR 10	
Corporation	2023	· · ·		H11	
→ Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0		ot filed by May 31.		) RIDOS BSD 10 4H10:33:5	
1. Entity ID Number 000117137	2. Exact nam	2. Exact name of the Corporation STEPHEN'S MASONRY, INC.			
Principal Office Address			City	State	Zip
950 Smith Street			Providence	RI	02908
4. NAICS Code	<ol><li>Brief descr</li></ol>	iption of the charact	er of business conducted in R	Rhode Island	
238140 5. State of Incorporation RHODE ISLAND	To carry	on & conduct a	general masonry & co	onstruction busine	ess
7. List ALL officers (names and a	addresses)		Chec	k the box to indicate ar	attachment
President Name STEPHEN A	. FEOLE, II		Vice-President Name STEF	PHEN A. FEOLE,	II
Street Address P.O. Box 20366			Street Address P.O. Box 20366		
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	Zip 02920
Secretary Name STEPHEN A. FEOLE, II			Treasurer Name STEPHEN A. FEOLE, II		
Street Address P.O. Box 20366			Street Address P.O. Box 20366		
<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920	<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920
8. List ALL directors (names and	addresses)			k the box to indicate ar	n attachment
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address	<del> </del>		Street Address	· · · · · · · · · · · · · · · · · · ·	•
City	State	Zip	City	State	Zip
9. Shares Authonzed		10. Shares Issu		ck the box to indicate a	
IThis information is currently of re	cord in the	I NUMBER OF	SHARES CLA	SS/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.

1,000

Name of Authorized Representative

Changes require an additional filing.

STEPHEN A. FEOLE, II

Signature of Authorized Representative

FILED

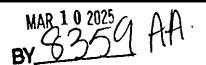
MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Department of State.



**COMMON** 

**NO PAR**