



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.

REC'D RIDGUS BSD
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1. Entity ID Number 000117137		2. Exact name of the Corporation STEPHEN'S MASONRY, INC.			
3. Principal Office Address 950 Smith Street		City Providence		State RI	Zip 02908
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island To carry on & conduct a general masonry & construction business			
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 STEPHEN A. FEOLE, II			Vice-President Name STEPHEN A. FEOLE, II		
Street Address P.O. Box 20366			Street Address P.O. Box 20366		
City Cranston	State RI	Zip 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		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
		1,000	COMMON	NO PAR	
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 STEPHEN A. FEOLE, II					Date 2/6/26
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

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