



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.

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                    |                                                                                                                       |             |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| 1. Entity ID Number<br>001748931                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | 2. Exact name of the Corporation<br>Vieira Stone, Inc                                                              |                                                                                                                       |             |              |
| 3. Principal Office Address<br>513 Winthrop St                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                    | City<br>Rehoboth                                                                                                      | State<br>MA | Zip<br>02769 |
| 3. NAICS Code<br>238340                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 4. Brief description of the character of business conducted in Rhode Island<br>Installation of Tile & Counter Tops |                                                                                                                       |             |              |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                    |                                                                                                                       |             |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                    |                                                                                                                       |             |              |
| President Name<br>Antonio C Vieira                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                    | Vice-President Name<br>Enco Vieira                                                                                    |             |              |
| Street Address<br>15 South Phillips St                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                    | Street Address<br>15 South Phillips St                                                                                |             |              |
| City<br>East Providence                                                                                                                                                                                                                                                                                                                                                                                                                                          | State<br>RI | Zip<br>02914                                                                                                       | City<br>East Providence                                                                                               | State<br>RI | Zip<br>02914 |
| Secretary Name<br>Antonio C Vieira                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                                    | Treasurer Name<br>Enco Vieira                                                                                         |             |              |
| Street Address<br>15 South Phillips St                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                    | Street Address<br>15 South Phillips St                                                                                |             |              |
| City<br>East Providence                                                                                                                                                                                                                                                                                                                                                                                                                                          | State<br>RI | Zip<br>02914                                                                                                       | City<br>East Providence                                                                                               | State<br>RI | Zip<br>02914 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                    |                                                                                                                       |             |              |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                                    | Director Name                                                                                                         |             |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                    | Street Address                                                                                                        |             |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                                                | City                                                                                                                  | State       | Zip          |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                                    | Director Name                                                                                                         |             |              |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                    | Street Address                                                                                                        |             |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                                                | City                                                                                                                  | State       | Zip          |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                                    | NUMBER OF SHARES CLASS/SERIES PAR VALUE                                                                               |             |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                                    | 100                                                                                                                   | Common      | 1            |
| 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.<br><b>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.</b> |             |                                                                                                                    |                                                                                                                       |             |              |
| Name of Authorized Representative<br>Antonio C Vieira                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                                    |                                                                                                                       |             | Date         |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                    |                                                                                                                       |             |              |

FILED

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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