



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 RI SOS
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1. Entity ID Number 000155598		2. Exact name of the Corporation D C Masonry, Inc			
3. Principal Office Address 200 Sagamore Road			City Seekonk	State MA	Zip 02771
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry Work			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Duarte M Correia			Vice-President Name None		
Street Address 200 Sagamore Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Jeffry Correia			Treasurer Name Duarte M Correia		
Street Address 248 Miller Street			Street Address 200 Sagamore Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Duarte M Correia			Director Name None		
Street Address 200 Sagamore Road			Street Address		
City Seekonk	State MA	Zip 02771	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
		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 Duarte M Correia				Date 3-4-25	
Signature of Authorized Representative <i>Duarte M Correia</i>					

FILED