



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

APR 21 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.

CBV BY 10464

1. Entity ID Number 000059743		2. Exact name of the Corporation Sposato's Masonry, Inc.	
3. Principal Office Address 165 Winnapaug Road		City Westerly	State RI
		Zip 02891	
4. NAICS Code 238140	6. Brief description of the character of business conducted in Rhode Island Masonry and tile installation		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Enrico Sposato		Vice-President Name Enrico Sposato	
Street Address 165 Winnapaug Road		Street Address 165 Winnapaug Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Enrico Sposato		Treasurer Name Enrico Sposato	
Street Address 165 Winnapaug Road		Street Address 165 Winnapaug Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Enrico Sposato		Director Name	
Street Address 165 Winnapaug Road		Street Address	
City Westerly	State RI	City	State
Zip 02891		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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/SES ES	
		PAR VALUE	
		1000	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 Enrico Sposato			Date
Signature of Authorized Representative <i>Enrico Sposato</i>			

MAIL TO:
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