



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 RIDGERS BSD
25 JUN 9 PM 12:54:44

1. Entity ID Number 001777378		2. Exact name of the Corporation M&R DRYWALL PLASTERING INC			
3. Principal Office Address 162 BROAD STREET		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name INGRID SALAZAR CRUZ			Vice-President Name MANUEL RODRIGUEZ		
Street Address 385 HUNT STREET APT 1			Street Address 385 HUNTS STREET APT 1		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	STK	0.01	
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 MANUEL RODRIGUEZ				Date 06/03/2025	
Signature of Authorized Representative <i>Manuel Rodry</i>				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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