



**State of Rhode Island
Department of State - Business Services Division**

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Annual Report for the year: **2024**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000312310		2. Exact name of the Corporation MADURO MASONRY CONTRACTOR, INC			
3. Principal Office Address 8 Christopher Drive		City Bristol		State RI	Zip 02809
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 Francisco T Maduro			Vice-President Name Natalia M Maduro		
Street Address 8 Christopher Drive			Street Address 8 Christopher Drive		
City Bristol		State RI	Zip 02809	City Bristol	
Secretary Name Natalia M Maduro		Treasurer Name Francisco T Maduro			
Street Address 8 Christopher Drive			Street Address 8 Christopher Drive		
City Bristol		State RI	Zip 02809	City Bristol	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Francisco T Maduro			Director Name Natalia M Maduro		
Street Address 8 Christopher Drive			Street Address 8 Christopher Drive		
City Bristol		State RI	Zip 02809	City Bristol	
Director Name None			Director Name None		
Street Address			Street Address		
City		State	Zip	City	
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
		200		Common	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 Francisco T Maduro				Date 2/22/2024	
Signature of Authorized Representative <i>Francisco T Maduro</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

FILED
MAR 22 2024
BY ML 4426