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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
100796	**BEVILACQUA DEVELOPMENT, INC.**		
3. Principal office address **146 Hendrick Street**	City **Providence**	State **RI**	Zip **02908**
4. Business Phone No. **(401) 451-6763**	5. State of Incorporation **Rhode Island**		

6. Brief description of the character of business conducted in Rhode Island

Repair and construction of commercial and residential properties and the purchase and sale thereof.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
John S. Bevilacqua, III					
Street Address **146 Hendrick Street**			Street Address		
City **Providence**	State **RI**	Zip **02911**	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
John S. Bevilacqua, III					
Street Address **146 Hendrick Street**			Street Address		
City **Providence**	State **RI**	Zip **02908**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	No Par Value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 01 2012
By MNC
CK # 2298

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.

John S. Bevilacqua III 2/29/12
Signature of Authorized Representative Date

John S. Bevilacqua, III
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
71921-19-731657