



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. 000685889		2. Exact name of the Corporation Brian Vivieros Contracting, Inc.			
3. Principal office address 3295 East Main Road			City Portsmouth	State RI	Zip 02871
4. Business Phone No. (401) 683-5173			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island All lawful activities and ancillary activities relating to the construction and rehabilitation of residential and commercial properties.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Brian Vivieros			Vice-President Name Brian Vivieros		
Street Address 3295 East Main Road			Street Address 3295 East Main Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Brian Vivieros			Treasurer Name		
Street Address 3295 East Main Road			Street Address 3295 East Main Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Brian Vivieros			Director Name		
Street Address 3295 East Main Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		0.01

SECRETARY OF STATE
 CORPORATIONS DIV
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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.

FILED

MAR 21 2012

By: *[Signature]*

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.

[Signature] 3/29/12
 Signature of Authorized Representative Date

[Print Name]
 Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: _____
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