



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. 121813		2. Exact name of the Corporation Mandeville Construction, Inc.			
3. Principal office address 72 Ferrier Street			City N. Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 767-8680		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Residential Construction					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lucien Mandeville			Vice-President Name Barbara Mandeville		
Street Address 72 Ferrier Street			Street Address 72 Ferrier Street		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
Secretary Name Barbara Mandeville			Treasurer Name Lucien Mandeville		
Street Address 72 Ferrier Street			Street Address 72 Ferrier Street		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lucien Mandeville			Director Name Barbara Mandeville		
Street Address 72 Ferrier Street			Street Address 72 Ferrier Street		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
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	common	no par

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

JUN 04 2012

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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.

Barbara Mandeville 5/31/12
 Signature of Authorized Representative Date

Barbara Mandeville

Print or Type Name of Authorized Representative