

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 20\7 Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50	0.00 • FAILURE TO FI	LE THIS REPORT BY N	MARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No. 2. Exact name of the Corporation						
16295	3 Victo	or's Concret	e Constru	action Inc.		
3. Principal office address 7. Olney Keach Rd. 4. Business Phone No. 1.101- \(\cdot 70-9\) 7.7			Chenache	State RT	Zip	Ll
4. Business Phone No.			5. State of Incorporation			
401-330-9373 6. Brief description of the character of business conducted in Rhode Islan.			I Khode I Clara			
6. Biter description of	the character of business	conducted in Knode Islan	a			
Concr	ete Cons	truction				
7. LIST ALL OFFICE	RS (NAMES AND ADDR	ESSES) ("X" BOX FOR A			udaidhe i	displa
President Name Victor Saraiva			Vice-President Name			
Street Address 72 Olney Keach Rd City State Zip			Street Address			
Chebachet	State R I	Zip () 3. (114	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip 8	25.0
8 LIST ALL DIRECT	ORS (NAMES AND ADD	L RESSES) ("X" BOX FOR	ATTACHMENTS		prosession and the	-99
Director Name	20.7.10.0.0. 	HESPES VINIBARY PAR	Director Name	<u> High Michigae an an Alig</u> e (1964) (BU)		.
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Street Address			Street Address City State Zip State			
City	State	Zip	City	State	Zip 🙃	SDIA
Director Name			Director Name	···		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORI	ZEDA GELÜZE HAR MEN		10. SHARES ISSUED) ("X" BOX FOR ATTAC!	MENT)	ugin tëshketo nga
		And the commendation of the control	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			None			
See Section 9 of instr	uction sheet.					
This report must be ex	xecuted on behalf of the o this report mus	orporation by an authorize t be executed on behalf of	d representative. If the o	corporation is in the hands	s of a receiver or t	rustee,
File Date		FILED	Under penalty of pe this report, includir	erjury, I declare and affiling any accompanying sents contained herein a	chedules and sta	tements.
Check No		MAR 03 2014	757050	2 2 2 2 1 1	٠	
By:		9-218860	Signature of Authori	zed Representative	D	ate
FOR SECRETARY O	TALE USE ON	A. In. II.		of Authorized Representa	ative	
Revised: 01/2012	\Box	μ_{II} , ν_{II}	W.	•		