



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 **2014**

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. 791703		2. Exact name of the Corporation VIEIRA & SONS CONSTRUCTION, INC.			
3. Principal office address 1145 Bark Street		City Swansea	State MA	Zip 02777	
4. Business Phone No. (508) 674-8976		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island concrete forms and carpentry excavation for foundations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Fernanda C. Vieira			Vice-President Name None		
Street Address 1145 Bark Street			Street Address None		
City Swansea	State MA	Zip 02777	City None	State None	Zip None
Secretary Name Fernanda C. Vieira			Treasurer Name Fernanda C. Vieira		
Street Address 1145 Bark Street			Street Address 1145 Bark Street		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name None			Director Name Fernanda C. Vieira		
Street Address None			Street Address 1145 Bark Street		
City None	State None	Zip None	City Swansea	State MA	Zip 02777
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. SHARES AUTHORIZED <input type="checkbox"/> 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	
		200,000.00	CNP	0.0000	

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: _____
 Filing No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 11 2014
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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.

Fernanda C. Vieira 3-7-14
 Signature of Authorized Representative Date
 Fernanda C. Vieira
 Print or Type Name of Authorized Representative