



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 55530		2. Name of Corporation Y. BEVILACQUA + SON INC			
3. Street Address Principal Business Office 116 HARRIS RD		City SMITHFIELD	State R.I.	Zip 02917	
4. Business Phone No. 401 231-4774		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL BLDG CONTRACTOR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name VICTOR BEVILACQUA		Vice President Name LUCILLE BEVILACQUA			
Street Address SAME		Street Address SAME			
City ,,	State ,,	Zip ,,	City ,,	State ,,	Zip ,,
Secretary Name ,,		Treasurer Name ,,			
Street Address ,,		Street Address ,,			
City ,,	State ,,	Zip ,,	City ,,	State ,,	Zip ,,
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name NONE			
Street Address ,,		Street Address ,,			
City ,,	State ,,	Zip ,,	City ,,	State ,,	Zip ,,
Director Name ,,		Director Name ,,			
Street Address ,,		Street Address ,,			
City ,,	State ,,	Zip ,,	City ,,	State ,,	Zip ,,
9. SHARES AUTHORIZED 600 NO PAR VALUE		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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares NONE	Class/Series —	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.

FILED

JAN 30 2015

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.

Victor Bevilacqua

Signature

Date

1/27/15

VICTOR BEVILACQUA

Print or Type Name

Pres

Title

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	