



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 2015

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. <u>000130411</u>		2. Exact name of the Corporation <u>MAROVELLI Construction Inc.</u>		
3. Principal office address <u>71 Hastings Ave.</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02861</u>
4. Business Phone No. <u>401 474 2535</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Construction of Residential & Commercial Property</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Bruno Marovelli</u>		Vice-President Name <u>Bruno Marovelli</u>		
Street Address <u>PO Box 2031</u>		Street Address <u>PO Box 2031</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Providence</u>	State <u>RI</u>
Secretary Name <u>Bruno Marovelli</u>		Treasurer Name <u>Bruno Marovelli</u>		
Street Address <u>PO Box 2031</u>		Street Address <u>PO Box 2031</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Providence</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <u>600-00</u>		CLASS/SERIES <u>CWP</u>		PAR VALUE <u>\$1.0000</u>

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

MAY 19 2015

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A.A.

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 of Authorized Representative

Date

Print or Type Name of Authorized Representative