



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. 000130411		2. Exact name of the Corporation MAROVELLI CONSTRUCTION INC.		
3. Principal office address 71 Hastings Ave.		City Providence	State R.I.	Zip 02861
4. Business Phone No. 401 474 2535		5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island Construction of Residential + Commercial Property				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Bruno Marovelli		Vice-President Name Bruno Marovelli		
Street Address 90 Box 2031		Street Address 90 Box 2031		
City Providence	State R.I.	Zip 02861	City Providence	State R.I.
Secretary Name Bruno Marovelli		Treasurer Name Bruno Marovelli		
Street Address 90 Box 2031		Street Address 90 Box 2031		
City Providence	State R.I.	Zip 02861	City Providence	State R.I.
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		CLASS/SERIES		PAR VALUE
600-00		CWP		\$1.0000

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

FILED
MAY 19 2015
49218
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.

Bruno Marovelli 5/19/15
 Signature of Authorized Representative Date

Bruno Marovelli
 Print or Type Name of Authorized Representative

MAY 19 2015 PM 2:39
 SECRETARY OF STATE
 CORPORATIONS DIV