

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 2016

Entity ID No. 71408	2. Exact nam AVA CO	2. Exact name of the Corporation AVA CONSTRUCTION COMPANY, INC.				
s. Principal office address 92 TEXAS AVENUE		City PROVIDENCE	State RI	Zip 02904		
l. Business Phone No. 401-751-1934			5. State of Incorporation RHODE ISLAND 02/18/1993			
. Brief description of the ch RESIDENTIAL AND	aracter of business COMMERCIAL	conducted in Rhode Island CONSTRUCTION				
* VIST AV POSSICERS (N	AMES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT)			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATI President Name THOMAS DIMEGLIO			Vice-President Name			
Street Address 92 TEXAS AVENUE			Street Address Zin			
PROVIDENCE	State RI	Zip 02904	City	State		
Secretary Name			Treasurer Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR A	ATTACHMENT)			
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	rector Name		Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9, SHARES AUTHORIZED				O ("X" BOX FOR ATTAC	PAR VALUE	
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		
			100.00	CNP	\$0.0000	
This report must be execu	uted on behalf of the this report mi	corporation by an authorize ust be executed on behalf o	I INC CORPORATION OF THE	corporation is in the han receiver or trustee. perjury, I declare and af		
			and the second s		air that I hada avam	

FILED Check No Signature of Authorized Representative THOMAS DIMEGLIO FOR SECRETARY OF STATE USE ONLY

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative