State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 20/6
Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number		f 4h - /	Nama andia a						
000980566	Exact name of the Corporation VILLALOBOS CONSTRUCTION INC								
Principal Office Address								Zip	
110 MENDON AVENUE				PAWTUCKET		F		02861	
4. Business Phone Number				5. State of	5. State of Incorporation				
(401) 475-6615				RI					
Brief description of the character of business conducted in Rhode				de Island	e Island				
CONSTRUCTION FIELD INCLUDING DRYWALL, CEILING AND PAINTING									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name NORBERTA VILLALOBOS				Vice-Preside	Vice-President Name				
Street Address 110 MENDON ST				Street Addre	Street Address				
City PAWTUCKET	State RI		^p 02861	City		Sta	ate	Zip	
Secretary Name				Treasurer Na	Treasurer Name				
<u> </u>									
Street Address				Street Addre	Street Address				
City	State	Zip		City	City		ate	Zip	
8. List ALL directors (names a	ind addresses)					Check the b	ox to indica	ate an attachment 🔲	
Director Name NORBERTA VILLALOBOS				Director Nan	Director Name				
Street Address 110 MENDON ST				Street Addre	Street Address				
City PAWTUCKET	State RI Zip 02		2861	City		Sta	ite	Zip	
9. Shares Authorized			10. Shares Issued			Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.				OF SHARES		CLASS/SERIES		PAR VALUE	
			1,000		<u> </u>		NO	ON PAR	
11. 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.									
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.									
Name of Authorized Representative Date									
NORBERTA VILLALOBOS						c	7/15/2016	6	
Signature of Authorized Representative NOUN (abbos SIGN DOCUMENT HERE									
101 2000 011	WWW.	٠							

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 2 5 2016

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