

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

401.222.30

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&d)) is

subject to a penalty fee of \$25.00.		y y y y y y y y y y	,	. , , , , , , , , , , , , , , , , , , ,	
1. Corporate ID No. 2. Name of Corporation					
55530 V.BEVI/ACQUA + SON FAC					
3. Street Address Principal Business (Office		City	State RI	02917
	Rd		SMITHFIELD	1 1 4-	102//
4. Business Phone No. 5. State of Incorporation R I					
70.					
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) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
1	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPAC : Vice President Name	ES BEFORE USING AT	FACHMENTS
President Name VICTOR BEUILACPUA			Locille Bevilacqua		
Street Address			Street Address		
SAME			S.AM C		
City 11	State /t	Zíp	City	State	Zip //
	/ /	1		//	
Secretary Name	- 4		Treasurer Name		
Street Address			Street Address		
City	State	Zip	СЦу	State	Zip
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8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPA	CES BEFORE USING A	TTACHMENTS
Director Name			Director Name		
NONE			<u> </u>		
Street Address			Street Address		
-					
City	Storie	Zip	City	State	Zip
************	<u>J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	J			
Director Name			Director Name		
Street Address			Street Address		
	Ta. :	Ia:	<u>:</u>	To .	72
City	State	Zip	City	State	Zip
			:	 	
9. SHARES AUTHORIZED 600 NO 1948 VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			None	1	
			1000		
·			L		<u> </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.					
					<u></u>
		t	H Enander penalty of periur	y, I declare and affirm that	I have examined this report
		ſ	Inder penalty of perjurnation and accompanies.	nying schedules and statem	ents, and that all statement
contained herein are true and correct.					
File Date JAN 13 Wester Bendagia 1/11/17					
Signature (Date					
Check No CTIVICTOR BEVILACEUR					
Ву:			Print or Type Name	005	
FOR SECRETARY OF STATE USE ONLY					
Title					
		()	/		Form 630 Rev. 08/08