



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
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 44350		2. Exact name of the Corporation VIEIRA MARINE CONSTRUCTION, INC.			
3. Principal Office Address 197 E. OLD COACH RD.			City CHARLESTOWN	State RI	Zip 02813
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island MARINE CONSTRUCTION - BUILDING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER M. VIEIRA			Vice-President Name NONE		
Street Address 197 E. OLD COACH RD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name PETER M. VIEIRA			Treasurer Name NONE		
Street Address 197 E. OLD COACH RD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER M. VIEIRA			Director Name NONE		
Street Address 197 E. OLD COACH RD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE
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 PETER M. VIEIRA, PRESIDENT					Date 2/27/17
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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