RI SOS Filing Number: 201737378440 Date: 3/3/2017 4:00:00 PM

State of Rhode Island and Department of Sta			ivision				
Annual Report for the year	ar: 2017		_				
Corporation  → Filing period: January 1 - M  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fe	**	led by April 1.			_		
1. Entity ID Number	2. Exact name of	f the Corporation			_		_
685889	Brian Vivieros Contracting, Inc.						
3. Principal Office Address 3295 East Main Sroad			City Portsmouth	· ···	Zip <b>02871</b>		
NAICS Code  6. Brief description of the character of business conducted in Rhode Island  All lawful activities and ancillary activities relating to the construction and rehabilitation of residential and commercial properties and as restricted by the By-Laws.  Rhode Island							
7. List ALL officers (names and add	resses)			Check tl	ne box to i	ndicate an attachment	
President Name Brian Vivieros	Vice-President Name Brian Vivieros						
Street Address 3295 East Main Road	Street Address 3295 East Main Road						
<sup>City</sup> Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth		State RI	<sup>Zip</sup> <b>02871</b>	
Secretary Name Brian Vivieros			Treasurer Name Brian Vivieros				
Street Address 3295 East Main Road	Street Address 3295 East Main Road						
City Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth		State RI	<sup>Zip</sup> 02871	
8. List ALL directors (names and ad	dresses)				ne box to i	ndicate an attachment	
Director Name Brian Vivieros			Director Name	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
Street Address 3295 East Main Road			Street Address				
City Portsmouth	State RI	<sup>Zip</sup> 02871	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check the CLASS/SERIES	ne box to it	ndicate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		Stk .01			
11. This report must be executed or trustee, this report must be execute Under penalty of perjury, I declare statements, and that all statements.	d on behalf of the e and affirm that ts contained her	corporation by the I have examined	e receiver or tr d this report, in	ustee.	panying s		or
Name of Authorized Representative Brian Vivieros, President				Date 02/≟ ♂ /2017			
Signature of Authorized Representa	KRZZ OKMI tive	SIGN DOC		FILED Q	/		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov