



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

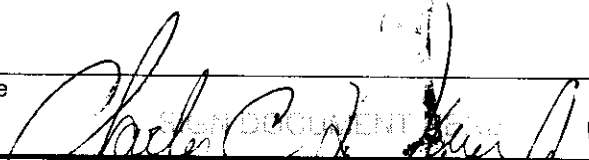
Annual Report for the year: **2017**

## 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 <b>153796</b>		2. Exact name of the Corporation <b>C. DUVA CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>39 DICKINSON AVENUE</b>			City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE CONSTRUCTION SERVICES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CHARLES C. DUVA, JR.</b>			Vice-President Name		
Street Address <b>39 DICKINSON AVENUE</b>			Street Address		
City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CHARLES C. DUVA JR.</b>			Director Name		
Street Address <b>39 DICKINSON AVENUE</b>			Street Address		
City <b>N. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <b>CHARLES C. DUVA - PRESIDENT</b>			Date <b>3-29-17</b>		
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

FILED

MAR 06 2017

BY

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Revised: 10/2016