



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

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 BUS SVCS DIV

2017 MAR 23 AM 11:54

- 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 108047		2. Exact name of the Corporation CV Construction Inc			
3. Principal Office Address 31 Abbott Ken Valley Rd			City Amherst	State RI	Zip 02864
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island Home building			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carlos M Vanum			Vice-President Name Isabel Swanum		
Street Address 31 Abbott Ken Valley Rd			Street Address 31 Abbott Ken Valley Rd		
City Amh.	State RI	Zip 02864	City Amherst	State RI	Zip 02864
Secretary Name Carlos M Vanum, Jr			Treasurer Name Isabel A Vanum		
Street Address 25 Hayden			Street Address 31 Abbott Ken Valley Rd		
City Wrentham	State MA	Zip 02093	City Amherst	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100		-0-
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 ISABEL SWANUM					Date 3-23-2017
Signature of Authorized Representative <i>Isabel Swanum</i>					

FILED
 SIGN DOCUMENT HERE

MAR 23 2017

BY 298988
 AA

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov