



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.

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BUS SVCS DIV

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1. Entity ID Number <u>108047</u>		2. Exact name of the Corporation <u>CV Construction Inc</u>	
3. Principal Office Address <u>31 Abbott Ken Valley Rd</u>		City <u>Amherst</u>	State <u>MA</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>Home building</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Carlos M. Varney</u>		Vice-President Name <u>Isabel Swaney</u>	
Street Address <u>31 Abbott Ken Valley Rd</u>		Street Address <u>31 Abbott Ken Valley Rd</u>	
City <u>Amh.</u>	State <u>RI</u>	City <u>Amherst</u>	State <u>MA</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Secretary Name <u>Carlos M. Varney, Jr</u>		Treasurer Name <u>Isabel A. Varney</u>	
Street Address <u>25 Hayden</u>		Street Address <u>31 Abbott Ken Valley Rd</u>	
City <u>Wrentham</u>	State <u>MA</u>	City <u>Amherst</u>	State <u>MA</u>
Zip <u>02093</u>		Zip <u>02864</u>	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	
			PAR VALUE
			1.00
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 <u>ISABEL SWANEY</u>		Date <u>3-23-2017</u>	
Signature of Authorized Representative <u>Isabel Swaney</u>			

SIGN DOCUMENT HERE

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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