



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2017 AmendedRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 APR 10 AM 9:28

1. Entity ID Number <u>980566</u>		2. Exact name of the Corporation <u>Villalobos construction inc.</u>			
3. Principal Office Address <u>110 Mendon Ave</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
4. NAICS Code <u>23 construction</u>		6. Brief description of the character of business conducted in Rhode Island <u>Drywall, Paint, Plaster and Framing</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Norberta Villalobos</u>			Vice President Name <u>Mariano Villalobos</u>		
Street Address <u>110 Mendon Ave</u>			Street Address <u>110 Mendon Ave</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Leo Villalobos</u>			Director Name <u>Alvaro Martinez</u>		
Street Address <u>110 Mendon Ave</u>			Street Address <u>110 Mendon Ave</u>		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>
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		
			<u>0</u>		
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>Norberta Villalobos</u>					Date <u>4/10/17</u>
Signature of Authorized Representative <u>Norberta Villalobos</u>					

SIGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 10 2017

BY CU 9:28

FORM 630 - Revised: 02/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 10, 2017 09:28 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

