



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 JAN -5 PM 3:25

1. Entity ID Number <u>061670547</u>		2. Exact name of the Corporation <u>H.V. Construction Inc</u>			
3. Principal Office Address <u>16 Boyd Ave</u>			City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>
4. NAICS Code <u>238310</u>		6. Brief description of the character of business conducted in Rhode Island <u>window, floors,</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Humberto Vieira</u>			Vice-President Name		
Street Address <u>16 Boyd Ave</u>			Street Address		
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	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			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 <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. <u>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.</u>					
Name of Authorized Representative <u>Humberto Vieira</u>					Date <u>1-5-2018</u>
Signature of Authorized Representative					

FILED

JAN 05 2018

BY CU 321185