



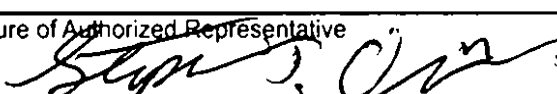
Department of State - Business Services Division

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 10 PM 2:30

1. Entity ID Number 001663080		2. Exact name of the Corporation S Oliveira Construction Corp.			
3. Principal Office Address 217 Stafford Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Construction, Excavation and Landscaping			
5. State of Incorporation Mass.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Stephen J. Oliveira		Vice-President Name same			
Street Address 217 Stafford Rd		Street Address			
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name same		Treasurer Name same			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name same		Director Name same			
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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	common	no par	
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 S. Oliveira				Date 1-2-18	
Signature of Authorized Representative 				FILED	

JAN 10 2018

BY CA 321520