RI SOS Filing Number: 201856018430 Date: 1/10/2018 4:00:00 PM

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.

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CORPORATIONS DIV

2018 JAN 10 PM 2:30

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| **001663080** | **S Oliveira Construction Corp.** |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **217 Stafford Road** | **Tiverton** | **RI** | **02878** |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 238910 | **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 | Date |
|---|---|
| **S. Oliveira** | 1-2-18 |

Signature of Authorized Representative: Stephen J. Oliveira SIGN DOCUMENT

**FILED**

JAN 10 2018

BY 321SOS

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

FORM 630 - Revised: 10/2017