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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SECRETARY OF STATE
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 ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State.** **Changes require an additional filing.** | 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**