



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 MAR -5 AM 11:43

1. Entity ID Number 000795704		2. Exact name of the Corporation F.C. Construction Corp.			
3. Principal Office Address 133 State Road			City Westport	State Ma.	Zip 02790
4. NAICS Code 237310	6. Brief description of the character of business conducted in Rhode Island Construction: Sidewalks/Curbing/Stone Walls				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Alfred J. Costa			Vice-President Name		
Street Address 150 Slade Street			Street Address		
City Tiverton	State R.I.	Zip 02878	City	State	Zip
Secretary Name Manuel Costa Jr.			Treasurer Name Alfred J. Costa		
Street Address 330 America Street			Street Address 150 Slade Street		
City Fall River	State Ma.	Zip 02721	City Tiverton	State R.I.	Zip 02878
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Manuel Pombo			Director Name Alfred J. Costa		
Street Address 560 Ridge Street			Street Address 150 Slade Street		
City Fall River	State Ma.	Zip 02724	City Tiverton	State R.I.	Zip 02878
Director Name Manuel Costa Jr.			Director Name		
Street Address 330 America Street			Street Address		
City Fall River	State Ma.	Zip 02721	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 600	CLASS/SERIES CMP	PAR VALUE None	
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 Alfred J. Costa				Date 11:45 AM 3-5-18	
Signature of Authorized Representative <i>Alfred J. Costa</i>					

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

MAR 05 2018

BY 325821

FORM 630 - Revised: 10/2017