



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.

**FILED**

APR 05 2018

BY

4642

1. Entity ID Number <b>001670723</b>		2. Exact name of the Corporation <b>BILTMORE CONSTRUCTION INC.</b>												
3. Principal Office Address <b>475 WEST TODD STREET</b>			City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>									
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTING</b>												
5. State of Incorporation <b>CT</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>STEVEN R. CAVANAUGH</b>			Vice-President Name											
Street Address <b>475 WEST TODD STREET</b>			Street Address											
City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>	City	State	Zip									
Secretary Name <b>STEVEN R. CAVANAUGH</b>			Treasurer Name <b>STEVEN R. CAVANAUGH</b>											
Street Address <b>475 WEST TODD STREET</b>			Street Address <b>475 WEST TODD STREET</b>											
City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>	City <b>HAMDEN</b>	State <b>CT</b>	Zip <b>06518</b>									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000					
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1000														
Changes require an additional filing.														
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.														
<b>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.</b>														
Name of Authorized Representative <b>STEVEN R. CAVANAUGH</b>				Date <b>3/27/18</b>										
Signature of Authorized Representative <i>Steve Cavanaugh</i>														

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