



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 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
 MAR 20 2019
 BY AGRE74

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2019 MAR 20 PM 12:40

1. Entity ID Number <u>1685310</u>		2. Exact name of the Corporation <u>Victoria Construction Company INC</u>	
3. Principal Office Address <u>351 Coggeshall St</u>		City <u>Fall River</u>	State <u>MA</u>
		Zip <u>02721</u>	
4. NAICS Code <u>236116</u>	6. Brief description of the character of business conducted in Rhode Island <u>Construction</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Manuel Delgado</u>		Vice-President Name <u>Manuel Delgado</u>	
Street Address <u>351 Coggeshall St</u>		Street Address <u>351 Coggeshall St</u>	
City <u>Fall River</u>	State <u>MA</u>	City <u>Fall River</u>	State <u>MA</u>
Secretary Name <u>Rosa Benafiel</u>		Treasurer Name <u>Manuel Delgado</u>	
Street Address <u>351 Coggeshall St</u>		Street Address <u>351 Coggeshall St</u>	
City <u>Fall River</u>	State <u>MA</u>	City <u>Fall River</u>	State <u>MA</u>
Zip <u>02721</u>		Zip <u>02721</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Manuel Delgado</u>		Director Name	
Street Address <u>351 Coggeshall St</u>		Street Address	
City <u>Fall River</u>	State <u>MA</u>	City	State
Zip <u>02721</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>0</u>	<u>6</u>
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.		Date <u>3/20/19</u>	
Name of Authorized Representative <u>Manuel Delgado</u>		Date	
Signature of Authorized Representative		Date	

PHYSICAL DOCUMENT HERE

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