



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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 J. GREYRECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION

2019 MAR 20 PM 12:40

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

PROVIDENCE, RHODE ISLAND

## MAIL TO:

Division of Business Services

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