



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>108447</b>		2. Name of Corporation <b>CV Construction Inc</b>			
3. Street Address Principal Business Office <b>21 Abbott Run Valley Rd</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
4. Business Phone No. <b>401-333-3672</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>34</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CONSTRUCTION.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Carlos Varum</b>			Vice President Name <b>Paul Varum</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip
Secretary Name <b>Carlos Varum</b>			Treasurer Name <b>Paul Varum</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES <b>25</b>					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100</b>	<b>NO</b>	<b>PAR VALUE</b>			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 9/12/05  
Check No. 1173  
By: JMD  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Carlos P. Varum Date 8-30-05  
Print or Type Name of Officer CARLOS VARUM 8-30-05  
Title of Officer PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>108447</u>		2. Name of Corporation <u>C V Construction</u>			
3. Street Address Principal Business Office <u>21 Abbott Run Valley Rd</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
4. Business Phone No. <u>401-333-3672</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Construction</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Carlos J. Varun</u>			Vice President Name <u>Angel D. Varun</u>		
Street Address <u>Same as above</u>			Street Address <u>Same as above</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>None</u>			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>100</u>		<u>-0-</u>	<u>100</u>		<u>-0-</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

MAR 30 2004

By [Signature]  
C26081

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Officer \_\_\_\_\_

Title of Officer \_\_\_\_\_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (108447), 2. Name of Corporation (CV Construction Inc), 3. Street Address (31 Abbott Ave Valley Rd), 4. Business Phone No (401-333-3672), 5. State of Incorporation (Rhode Island), 7. Brief Description of the Character of Business (Construction), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Carion M. Vanden, Vice President: Rachel S. Vanden), 9. NAMES AND ADDRESSES OF THE DIRECTORS (None), 10. SHARES AUTHORIZED (100), 11. SHARES ISSUED (100).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAR 30 2004

File Date, Check No, By: KMC, C 26081, FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Rachel S. Vanden, V. Pres. Date

Print or Type Name of Officer

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108447** 2. Name of Corporation **C V Construction Inc**  
3. Street Address Principal Business Office **21 Abbott Run Valley Road** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 333-3672** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Construction**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Carlos Varum</b> Street Address <b>21 Abbott Run Valley Road</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>	Vice President Name <b>Carlos Varum</b> Street Address <b>21 Abbott Run Valley Road</b> City <b>Cumberland</b> State <b>RI</b> Zip <b>02864</b>
Secretary Name <b>Carlos Varum</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02864</b>	Treasurer Name <b>Carlos Varum</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02864</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Carlos Varum</b> Street Address <b>Same</b> City <b>Same</b> State <b>RI</b> Zip <b>02864</b>	Director Name  Street Address  City  State  Zip  
Director Name  Street Address  City  State  Zip  	Director Name  Street Address  City  State  Zip  

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 COMMON NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 8 4 4 7 \*

File Date: 8-21-02  
Check No.: 1336  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 8-18-02  
Print or Type Name of Officer: Carlos Varum  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108447**      2. Name of Corporation **C V Construction Inc**

3. Street Address Principal Business Office **21 Abbott Run Valley Road**      City **Cumberland**      State **RI**      Zip **02864**  
4. Business Phone No. **401 333 3612**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **34**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Construction**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Carlos Varum</b> Street Address <b>see above</b> City _____ State _____ Zip _____	Vice President Name <b>same</b> Street Address _____ City _____ State _____ Zip _____
---	--

Secretary Name <b>same</b> Street Address _____ City _____ State _____ Zip _____	Treasurer Name <b>same</b> Street Address _____ City _____ State _____ Zip _____
---	---

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>same</b> Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
--	--

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
--	--

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>-0-</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 1 0 8 4 4 7 \*

**4-16-01**

File Date: \_\_\_\_\_

Check No.: **1178**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]**      **4-12-01**  
Signature of Officer      Date

\_\_\_\_\_  
Print or Type Name of Officer

\_\_\_\_\_  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108447** 2. Name of Corporation **C V Construction Inc**  
3. Street Address Principal Business Office **21 Abbott Run Valley Road** City **Cumberland** State **RI** Zip **02864**  
4. Business Phone No. **(401) 333-3672** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**General contracting**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Carlos Varum</b> Street Address <b>same</b> City State Zip	Vice President Name <b>Carlos Varum</b> Street Address <b>same</b> City State Zip
Secretary Name <b>Carlos Varum</b> Street Address <b>same</b> City State Zip	Treasurer Name <b>Carlos Varum</b> Street Address <b>same</b> City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Carlos Varum</b> Street Address <b>same</b> City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>100 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>COMMON</b>	<b>NONE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 8 4 4 7 \*

File Date: 10-20-00

Check No.: 1140

By: DMF

FOR SECRETARY OF STATE USE ONLY

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.

Carlos M. Varum 10-19-00  
Signature of Officer Date

Carlos Varum  
Print or Type Name of Officer

President  
Title of Officer