RI SOS Filing Number: 202048839590			Date: 8/20/2020 4:00:00 PM		
and the same of th	ind and Providence Pl				
Department o	of State - Busine	ess Services	Division		
Annual Report for th	o voar: OOO	•	FILED		
Corporation	e year: 2020	J			
→ Filing period: January 1 - March 1			AUG 20 2020		
→ Filing Fee: \$50.00 1				106	21 /
→ Penalty Additional \$2	5.00 fee if form is no	t filed by April 1.		BY	
Entity ID Number	2. Exact name	e of the Corporatio	n		
791344	GVC Con	onstruction & Engineering, Inc.			
3. Principal Office Address			City	State	Zip
375 Harvard Street, Unit C			Leominster	MA	01453
4. NAICS Code	6. Brief descri	iption of the charac	cter of business conducted in	Rhode Island	I
237310	Performs la	Performs landscaping and road construction services			
5. State of Incorporation					
Massachusetts					
7. List ALL officers (names a	nd addresses)			Check the box to indica	te an attachment 🗵
President Name Geselle S. Valenti			Vice-President Name Michael F. Valenti Jr.		
Street Address 375 Harvard Street, Unit C			Street Address 375 Harvard Street, Unit C		
City Leominster	State MA	^{Zip} 01453	City Leominster	State MA	Zip 01453
Secretary Name Geselle S. Valenti			Treasurer Name Rebecca Pitre Rivern		
Street Address 375 Harvard Street, Unit C			Street Address 375 Harvard Street, Unit C		
City Leominster	State MA	^{Zip} 01453	City Leominster	State MA	^{Zip} 01453
8. List ALL directors (names	and addresses)		l	Check the box to indica	ite an attachment
Director Name Geselle S. Valenti			Director Name Michael F. Valenti Jr.		
Street Address 375 Harvard Street, Unit C			Street Address 375 Harvard Street, Unit C		
City Leominster	State MA	Zip 01453	City Leominster	State MA	Zip 01453
Director Name Christopher \	/alenti		Director Name		

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

Street Address

City

statements, and that all statements contained herein are true and correct.

Zip 01453

20,000

10. Shares Issued
NUMBER OF SHARES

Name of Authorized Representative

Rebecca Pitre, Treasurer

State

MA

Signature of Authorized Representative

Street Address 375 Harvard Street, Unit C

This information is currently of record in the

Changes require an additional filing.

Leominster

9. Shares Authorized

Department of State.

ON 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 Zip

No par value

7/31/2020

PAR VALUE

Check the box to indicate an attachment

State

CLASS/SERIES

Common