



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
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

AUG 20 2020

BY

191531 DS

1. Entity ID Number 791344		2. Exact name of the Corporation GVC Construction & Engineering, Inc.	
3. Principal Office Address 375 Harvard Street, Unit C		City Leominster	State MA
		Zip 01453	
4. NAICS Code 237310	6. Brief description of the character of business conducted in Rhode Island Performs landscaping and road construction services		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
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	City Leominster	State MA
Zip 01453		Zip 01453	
Secretary Name Geselle S. Valenti		Treasurer Name Rebecca Pitre Rivera	
Street Address 375 Harvard Street, Unit C		Street Address 375 Harvard Street, Unit C	
City Leominster	State MA	City Leominster	State MA
Zip 01453		Zip 01453	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Leominster	State MA
Zip 01453		Zip 01453	
Director Name Christopher Valenti		Director Name	
Street Address 375 Harvard Street, Unit C		Street Address	
City Leominster	State MA	City	State
Zip 01453		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		20,000	Common
			No par value
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.			
Name of Authorized Representative Rebecca Pitre, Treasurer		Date 7/31/2020	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov