RI SOS Filing Number: 202327609430 Date: 2/3/2023 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

FILED

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 03 2023 BY 1016

1. Entity ID Number 153796		2. Exact name of the Corporation C. DUVA CONSTRUCTION, INC.					
3. Principal Office Address 39 DICKINSON AVENUE			City N.PROVID		State RI	Zip 02904	
4. NAICS Code 212321 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island PROVIDE CONSTRUCTION SERVICES						
RI				- 01	- Lab - bay to inc	leate an attachment	
7. List ALL officers (names and addresses) President Name CHARLES C DUVA			Check the box to indicate an attachment U				
Street Address 39 DICKINSON AVENUE			Street Address				
City N. PROVIDENCE	State RI	<sup>Zip</sup> 02904	City	· · · · · · · · · · · · · · · · · · ·	State	Zıp	
Secretary Name	ary Name			Treasurer Name			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	l addresses)			Ch	neck the box to in	dicate an attachment L	
Director Name CHARLES C	DUVA		Director Name				
Street Address 39 DICKINSON AVENUE			Street Address				
City N. PROVIDENCE	State RI	<sup>Z.p</sup> 02904	City		State	Ζιρ	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment C		
This information is currently of record in the Department of State.		100	100		COMMON 0		
Changes require an additional fil	ing.		<u> </u>				
11. This report must be execute	d on behalf of th	e corporation by an	authorized repres	sentative. If the	corporation is in t	he hands of a receiver o	
trustee, this report must be exe Under penalty of perjury, I de	clare and affirm	that I have examir	ied this report, i	ncluding any a	ccompanying so	chedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
CHARLES C DUVA - P		1-27-2023					
Signature of Authorized Repres	sentative	orla (1)	CM _				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov