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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 2 2 2024 AMP
BY SECRETARY OF STATE

Annual Report for the year:
Corporation _____

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000791344	GVC Construction & Engineering, Inc.

3. Principal Office Address	City	State	Zip
305 Leominster Shirley Road	Lunenburg	MA	01462

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
237310	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 ☐

President Name	Street Address	City	State	Zip
Geselle S. Valenti	305 Leominster Shirley Road	Luneburg	MA	01462

Vice-President Name	Street Address	City	State	Zip
Michael F. Valenti, Jr.	305 Leominster Shirley Road	Lunenburg	MA	01462

Secretary Name	Street Address	City	State	Zip
Geselle S. Valenti	305 Leominster Shirley Road	Lunenburg	MA	01462

Treasurer Name	Street Address	City	State	Zip
Rebecca Rivera	305 Leominster Shirley Road	Lunenburg	MA	01462

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Geselle S. Valenti	305 Leominster Shirley Road	Lunenburg	MA	01462

Director Name	Street Address	City	State	Zip
Michael F. Valenti, Jr.	305 Leominster Shirley Road	Lunenburg	MA	01462

Director Name	Street Address	City	State	Zip
Christopher Valenti	305 Leominster Shirley Road	Lunenburg	MA	01462

Director Name	Street Address	City	State	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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	Date
Rebecca Rivera, Treasurer	2/9/24

Signature of Authorized Representative: Rebecca Rivera

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023