RI SOS Filing Number: 202451296140 Date: 4/17/2024 4:00:00 PM

⟨State of Rhode Island

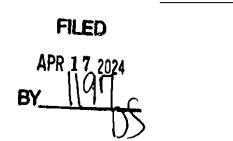
Department of State - Business Services Division

Annual Report for the year:

Corporation

2024

- → Filing period February 1 May 1
- → Filing Fee: \$50 00
- → Penalty. Additional \$25.00 fee if form is not filed by May 31



Entity ID Number	2 Exact name of the Corporation								
001670547 H V CONSTRUCTION INC									
Principal Office Address	N V CONDINCETION INC			City			State	Zip	
71 SIXTH STREET				EAST PROVIDENCE		I .	RI	02914	
4 NAICS Code	6 Rrief description	on of th	ne character of busin						
236110	6 Brief description of the character of business conducted in Rhode Island								
5 State of Incorporation									
·	CONCERNICETON								
RI CONSTRUCTION									
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment					
1				Vice-President Name					
HUMBERTO M. VIEIRA									
Street Address				Street Address					
16 BOYD AVENUE									
City	State	Zıp		City		State		Zip	
EAST PROVIDENCE	RI	02	914	<u> </u>					
Secretary Name				Treasurer Name					
HUMBERTO VIERA				HUMBERTO VIERA					
Street Address				Street Address					
16 BOYD AVENUE				16 BOYD AVENUE					
City	State	Zıp		City		State		Zip	
EAST PROVIDENCE	NCE RI 02914		914	EAST PROVIDENCE RI			02914		
8 List ALL directors (names and addresses) Check the box to indicate an attachment									
					Director Name				
HUMBERTO VIERA									
Street Address				Street Address					
16 BOYD AVENUE									
City	State	1 '		City		State		Zıp	
EAST PROVIDENCE	_RI	02	914						
Director Name				Director Name					
Street Address				Street Address					
City	State	į Zip		City		State		Zip	
9. Shares Authorized		1 1/	Shares Issued		Cha	ck the house	indicat	te an attachment	
This information is currently of record in the		- '					HIGICAL		
Department of State.			NUMBER OF SH	ARES CLASS/SER:E		ES		PAR VALUE	
Changes require an additional filing.			50				01		
		<u> </u>							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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 / -/-									
Humber Ville							18/15/24		
Signature of Authorized Representative									
HUMBERTO VIEIRA									
THE VIDING									

MAIL TO:

Q Division of Business Services

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

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