

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

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

FILED

APR 17 2024
BY 1197 DS

1. Entity ID Number 001670547		2. Exact name of the Corporation H V CONSTRUCTION INC			
3. Principal Office Address 71 SIXTH STREET		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HUMBERTO M. VIEIRA			Vice-President Name		
Street Address 16 BOYD AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name HUMBERTO VIERA			Treasurer Name HUMBERTO VIERA		
Street Address 16 BOYD AVENUE			Street Address 16 BOYD AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HUMBERTO VIERA			Director Name		
Street Address 16 BOYD AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		50			01
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 <u>Humberto Vieira</u>					Date 3/15/24
Signature of Authorized Representative HUMBERTO VIEIRA					

MAIL TO:

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