

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 18 2024

BY

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DS

1. Entity ID Number 000121813		2. Exact name of the Corporation MANDEVILLE CONSTRUCTION INC			
3. Principal Office Address 72 FERRIER STREET			City NORTH SMITHFIELD	State RI	Zip 02896-7605
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 LUCIEN M MANDEVILLE			Vice-President Name		
Street Address 72 FERRIER STREET			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name BARBARA MANDEVILLE			Treasurer Name		
Street Address 72 FERRIER STREET			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896-7605	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			
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 <i>Lucien M Mandeville</i>					Date ✓ 4-16-24
Signature of Authorized Representative LUCIEN M MANDEVILLE					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov