



State of Rhode Island
Department of State - Business Services Division

REC'D RHODES BSD
24 MAY 1 PM 12:20:48

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.

1. Entity ID Number 001674210		2. Exact name of the Corporation JBCV Construction Company				
3. Principal Office Address 769 Gloke St,		City Fall River		State MA	Zip 02724	
4. NAICS Code 236160		6. Brief description of the character of business conducted in Rhode Island Construction - roofing -				
5. State of Incorporation RI MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Jose Curini			Vice-President Name —			
Street Address 769 Gloke St			Street Address			
City Fall River	State MA	Zip 02724	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	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				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		
		50,000	Corp	1.00		
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 [Signature]				Date 5-1-24		
Signature of Authorized Representative [Signature]				MAY - 1 2024		

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

BY FKKJB