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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2021
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	CWP	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 Jose Curini				Date 5-1-24	
Signature of Authorized Representative <i>Jose Curini</i>				FILED 1222 MAY - 1 2024 BY <u>FRK JB</u>	

MAIL TO:
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