



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDD05 BSD
24 MAY 1 PM 12:20:48

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 238160		6. Brief description of the character of business conducted in Rhode Island Construction - roofing -				
5. State of Incorporation MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Jose Cerini			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					Date	
					5-1-24	
Signature of Authorized Representative					FILED 1221	
					MAY - 1 2024	
					BY FKHJB	

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