



State of Rhode Island  
Department of State - Business Services Division

FIELD 7

Annual Report for the year: 2025

Corporation

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

FEB 11 2025  
BY 10516 *o*

1. Entity ID Number 000055530		2. Exact name of the Corporation V.BEVILACQUA&SON.INC			
3. Principal Office Address 256 HARRIS RD			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name victorbevilacqua			Vice-President Name Lucille bevilacqua		
Street Address 256 harris rd			Street Address same		
City smithfield	State r.i.	Zip 02917	City same100	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address -			Street Address -		
City -	State	Zip	City -	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name NONE		
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					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	FAR VALUE
			100	A	no par
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. <b>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.</b>					
Name of Authorized Representative victor Bevilacqua				Date 1/27/25	
Signature of Authorized Representative <i>Victor Bevilacqua</i>					

MAIL TO:  
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