



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.

REC'D RIDOS BSD
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1. Entity ID Number <u>001697253</u>		2. Exact name of the Corporation <u>MV Construction Inc</u>			
3. Principal Office Address <u>1250 Hammond rd.</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02894</u>
4. NAICS Code <u>697253</u>		6. Brief description of the character of business conducted in Rhode Island <u>Roofing Siding Carpentry Commercial and Residential</u>			
5. State of Incorporation <u>ma</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>etaria Vicuna</u>			Vice-President Name		
Street Address <u>7 Longmeadow Ln</u>			Street Address		
City <u>Nedumy</u>	State <u>ma</u>	Zip <u>02053</u>	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 ☐					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES <u>0</u>	CLASS/SERIES	PAR VALUE <u>0.01</u>
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. <u>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.</u>					
Name of Authorized Representative <u>etaria Vicuna</u>					Date <u>7-09-2025</u>
Signature of Authorized Representative <u>[Signature]</u>					BY <u>ZggK8</u>

MAIL TO:
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Website: www.sos.ri.gov