RI SOS Filing Number: 202576757720 Date: 7/9/2025 12:38:00 PM

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Chain of Bhada Inland	-l				<u>က်</u>	7 0	
State of Rhode Island Department of State - Business Services Division					≓Ö.		
Annual Report for the year: 7,523						ට් A.Mit න	
Annual Report for the year: Corporation -	1/0 2	<u> </u>			PR 12	5	
→ Filing period: February 1 - May 1					[2]	<u>ී</u>	
→ Filing Fee: \$50.00					:28:5	<u> </u>	
→ Penalty: Additional \$25.00 f							
Entity ID Number	2. Exact name of	. 1			`~		
001697253	MV Cons	truction in	<u> </u>				
Principal Office Address	1		City		State	Zip	
126 Mamender	1 rd.		$ \omega co$	nsccket	RI	<u> </u>	
4. NAICS Code	6. Brief description	on of the characte	r of busines:	s conducted in Rhode Isl	and	<u> </u>	
697253	Dools	Side	2 Caro	portry Comm	01001		
5. State of Incorporation	Rocling Siding Carpentry Commercial and						
300				Residential			
7. List ALL officers (names and ad-	dresses)	·····		Check the box	to indicate	an attachment 🔲	
President Name			Vice-Presid	ent Name			
Street Address /			Street Address				
7 Long mead	ne In		Sireer Addi	coo			
City	State	Zip	City		State	Zip	
Fleduay	ma	02053	Treasurer N	lama	<u> </u>		
Secretary Name /				Treasurer Name			
Street Address			Street Address				
<u> </u>	Totala	1214	Cin		State	Zip	
City	State	Zip	City		State]2.0	
8. List ALL directors (names and a	ddresses)				to indicate	an attachment 🔲	
Director Name				Director Name			
Street Address				Street Address			
			<u> </u>		_		
City	State	Zip	City		State	Zip	
Director Name	1		Director Na	me	1		
Street Address				Street Address			
City	State	Zip	City		State	Zip	
		r	J,				
9. Shares Authorized		10. Shares Issue			x to indicate	an attachment D	
This information is currently of reco Department of State.	ra in the	NUMBER OF S	HAKES	CLASS/SERIES_	··· [6 61	
Changes require an additional filing						(). () <u> </u>	
Changes require an additional ming	•						
11. This report must be executed of	n behalf of the cor	poration by an au	horized rep	resentative. If the corpora	ation is in th	e hands of a re-	
ceiver or trustee, this report must t Under penalty of perjury, I decla					anuina se	hadulas and	
statements, and that all stateme				, including any accomp	anying sci	redules and	
Name of Authorized Representative					Date		
e Hexia Vicuna					17-0	9-2025	
Signature of Authorized Represent			JUL 0 9	2025	<u> </u>	ر ن عمر م	
Heavy Costy	\mathcal{S}		760	XX			
MAIL TO:	4.			1 0			
Division of Business Services		10	12K)	14			
148 W. River Street, Providence, Rhode	e Island 02904-2615	! 4		• 🔾			

Phone: (401) 222-3040 Website: www.sos.ri.gov