

1.) CORPORATION NAME: M.V. CONTRACTORS, INC.	DUE DATE: 4/30/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MIGUEL A VELASQUEZ 4940 A EISENHOWER AVE ALEXANDRIA, VA	SCC ID NO: 05764303				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMA</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMA	5,000
CLASS	AUTHORIZED				
COMA	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4940 A EISENHOWER AVE
CITY/ST/ZIP: ALEXANDRIA, VA 22304

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIGUEL A VELASQUEZ		
TITLE: PRESIDENT		
ADDRESS: 4940 A EISENHOWER AVE.		
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: IRIS L VALASQUEZ		
TITLE: SECRETARY		
ADDRESS: 10503 OLD FORT RD		
CITY/ST/ZIP/CO: FORT WASHINGTON, MD 20744		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MIGUEL A VELASQUEZ	MIGUEL A VELASQUEZ, PRESIDENT	3/30/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.