

A. Ralph Mollis, Secretary of State

Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25. 1. Corporate ID No.	00.		1 , , , , , ,	tys after the time prescribed by law	(101.0.15. 7 1.2 1)01(104)/1
2677	2. Name of Corporation BOUCHER & C				
3. Street Address Principal Business Office 600 Cass Avenue			City Woonsocket	State Rhode Island	^{Zip} 02895
4. Business Phone No. (401) 762-2200	-	5. State of Incorporation Rhode Island			
6. Brief Description of the Cha	racter of Business Conducted in	Rhode Island			-
7. NAMES AND ADDRI	ESSES OF THE OFFICERS	C. ("Y" DOV EOD ATTA	CHIMPSON TO THE LAND	SPACES BEFORE USING A	triant to a constant to
President Name	LOSES OF THE OTTICER.	S (A BOA FOR AITA	: Vice President Name	SPACES BEFORE USING A	TTACHMENTS
Duane C. Boucher			John J. Boucher		
Street Address			· Street Address		
600 Cass Avenue			600 Cass Avenue		
Woonsocket	State Rhode Island	Zip 03905	City	State	Zip
	I Miode Island	02895	Woonsocket	Rhode Island	02895
Secretary Name John J. Boucher			Treasurer Name John J. Boucher		
600 Cass Avenue		.,	Street Address		
			600 Cass Avenue		
Woonsocket	State Rhode Island	02895	Woonsocket	State Rhode Island	^{Zip} 02895
8. NAMES AND ADDRE	SSES OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) 🗍 FILL IN	N SPACES BEFORE USING	
Director Name			Director Name		
John J. Boucher			Duane C. Boucher		
Street Address			Street Address		
600 Cass Avenue			600 Cass Avenue		
City	State	Zip	City	State	Zip
Woonsocket	Rhode Island	02895	Woonsocket	Rhode Island	02895
Director Name		***************************************	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED	("X" BOX FOR ATTACH	ИENT) 🗌
·			ISSUED SHARES — THIS SE	CITION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			600	common	no par value
This report must be ever	cuted on hehalf of the cor	noration by an authoriza	d rapracantativa If the -	orporation is in the hands of	<u> </u>
this report must be exec	cuted on behalf of the corp	potation by all authorize	ou representative. If the c	orporation is in the hands of	of a receiver or trustee,
f	volum of the corp	oration of the receiver	or trustot,		

File Date FILED	
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FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affin	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	
· Deviland	1-19-2004
Signaute	Date
Duane C. Boucher	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08