



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 37982		2. Exact name of the Corporation PECTEAU BENEFITS GROUP, INC.			
3. Principal office address 21 Agnes Street			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-8900			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island Consulting, actuaries and retirement administration					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas B. Fecteau Jr.			Vice-President Name Sean P. Fecteau		
Street Address 57 Briarbrook Drive			Street Address 44 Marnoch Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Patricia A. Fecteau			Treasurer Name Patricia A. Adamonis		
Street Address 57 Briarwood Drive			Street Address 11 Arrowhead Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas B. Fecteau Jr.			Director Name Sean P. Fecteau		
Street Address 57 Briarbrook Drive			Street Address 44 Marnoch Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name Patricia A. Fecteau			Director Name Patricia A. Adamonis		
Street Address 57 Briarwood Drive			Street Address 11 Arrowhead Road		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200	COMMON	NONE

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 BY 3406

FILED
JUN 17 2013

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.
 Signature of Authorized Representative: Thomas B. Fecteau Jr. Date: 6-12-13
 Print or Type Name of Authorized Representative: Thomas B. Fecteau Jr.