



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 2014

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. 106509		2. Exact name of the Corporation ST.SAUVEUR & SONS PAINTING, INC.			
3. Principal office address 25 WARNER ST.		City WOONSOCKET		State RI	Zip 02895
4. Business Phone No. 401-766-5988		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE GENERAL PAINTING SERVICES TO THE GENERAL PUBLIC AND CONTRACTORS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name LORI ST.SAUVEUR			Vice-President Name RODNEY ST.SAUVEUR		
Street Address 25 WARNER ST.			Street Address 25 WARNER ST.		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name RODNEY ST.SAUVEUR			Treasurer Name LORI ST.SAUVEUR		
Street Address 25 WARNER ST.			Street Address 25 WARNER ST.		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			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

FILED
JAN 23 2014

Check No.

By:

BY

4345

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

Date

LORI ST.SAUVEUR

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY