



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. 107086		2. Exact name of the Corporation Les Constructions Beauce-Atlas, Inc.			
3. Principal office address 600 1st Avenue, Industrial Park		City STE-MARIE, QUEBEC		State	Zip G6E 1B5
4. Business Phone No. 418 387-4872		5. State of Incorporation CANADA			
6. Brief description of the character of business conducted in Rhode Island To sell and erect structural steel.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Germain Blais			Vice-President Name Germain Blais		
Street Address 380 du Versant			Street Address 380 du Versant		
City STE-MARIE	State QUEBEC	Zip G6E 2Y9	City STE-MARIE	State QUEBEC	Zip G6E 2Y9
Secretary Name Germain Blais			Treasurer Name		
Street Address 380 du Versant			Street Address		
City STE-MARIE	State QUEBEC	Zip G6E 2Y9	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			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
			65,600	CNP	\$0.00

2014 FEB 10 PM 1:04
SECRETARY OF STATE
CORPORATIONS DIV

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

FILED

FEB 10 2014

BY **cn 216937**

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

Germain Blais

Date

2014-1-31

Print or Type Name of Authorized Representative