

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.

	• FAILURE TO FILE	THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.						
107086	Les Cons	es Constructions Beauce-Atlas, Inc.				
3. Principal office address 600 1st Avenue, Industrial Park			STE-MARIE, QU	JEBEC State	Zip G6E 1B5	
4. Business Phone No. 418 387-4872			5. State of Incorporation CANADA			
6. Brief description of the o		onducted in Rhode Islan	d		FW1-1.00	
To sell and erect st	tructural steel.					
7 DET ALL OFFICERS (NAMES AND ADDRES	SES) ("X" BOX FOR A		eric orbert a trac		
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	
& LIST <u>all</u> directors	(NAMES AND ADDRE	SSES) ("X" BOX FOR	ATTACHMENT)			
Director Name None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip on	
Director Name			Director Name			
Street Address			Street Address 500			
City	State	Zip	City	State	Zip P	
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		65,600	CNP	\$0.00		
This report must be execu	ted on behalf of the corp	poration by an authorize	d representative. If the o	corporation is in the hands	of a receiver or trustee.	
	this report must b	e executed on behalf of	the corporation by the re	eceiver or trustee.		
FILED FILED			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.			
	FEB 1 0 2014			2014-1		
By:FOR SECRETARY OF ST	pv CM	216937	Signature of Author	ed Hepresentative	Date	
FOH SECRETARY OF ST	IAIE USE ONLY			of Authorized Representa	tive	

Form No. 630 Revised: 01/2012