



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. 53284		2. Exact name of the Corporation N. PELLETIER, INC.			
3. Principal office address 208 HATCHERY ROAD		City NORTH KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401 294 4184		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name NORMAN L PELLETIER			Vice-President Name NORMAN L PELLETIER		
Street Address 208 HATCHERY ROAD			Street Address 208 HATCHERY		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name NORMAN L PELLETIER			Treasurer Name NORMAN L PELLETIER		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	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
			200	CNP	0.000

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

MAR 10 2014

Check No.

By:

BY

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

N. Pelletier 33 2014
Signature of Authorized Representative Date

NORMAN L PELLETIER
Print or Type Name of Authorized Representative

PRESIDENT