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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 2015

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.	2. Exact name of the Corporation		
39077	DEVEAU INC		
3. Principal office address: 1 LAGOON RD	City: PORTSMOUTH	State: RI	Zip: 02871
4. Business Phone No.: 401 683-0457	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: RETAIL SALES, MARINE ITEMS			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) OR ☐ BOX FOR ATTACHMENT

President Name: JOHN DEVEAU			Vice-President Name: JOHN DEVEAU		
Street Address: 88 EAST ORCHARD AVE			Street Address: 88 EAST ORCHARD AVE		
City: EAST PROVIDENCE	State: RI	Zip: 02906	City: EAST PROVIDENCE	State: RI	Zip: 02906
Secretary Name: JOHN DEVEAU			Treasurer Name: JOHN DEVEAU		
Street Address: 88 EAST ORCHARD AVE			Street Address: 88 EAST ORCHARD AVE		
City: EAST PROVIDENCE	State: RI	Zip: 02906	City: EAST PROVIDENCE	State: RI	Zip: 02906

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) OR ☐ 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

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.

10. SHARES ISSUED ☐ BOX FOR ATTACHMENT

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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.

FILED
FEB 05 2015
BY 49756

FILED Date:
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

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: 1/19/15

JOHN DEVEAU
Print or Type Name of Authorized Representative

Form No. 630
Revised 01/2012 2016069