



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. 39077		2. Exact name of the Corporation 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					
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 (NAME AND ADDRESS) (SEE BOX FOR INSTRUCTIONS)					
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 (SEE BOX FOR INSTRUCTIONS)
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	
		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.

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

JOHN DEVEAU

Print or Type Name of Authorized Representative

Date

1/19/15