



STATE OF RHODE ISLAND
 Office of the Secretary of State
 148 W. River Street, Providence, R.I. 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROVIDENCE PLANTATIONS
 Division of Business Services

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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
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 (CALL 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
			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 Date: 12/15/2015
 Print or Type Name of Authorized Representative: JOHN DEVEAU

FILED

JAN 08 2015

BY OS 5049

File Date: _____
 Check No: _____
 By: _____
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