



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 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. 2543		2. Exact name of the Corporation Blouin General Welding & Fab, Inc.			
3. Principal office address 574 Second Avenue			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-762-4542		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Industrial & Commercial Welding all metals & fabrication of iron work					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peter Blouin, Sr.			Vice-President Name Peter Blouin, Jr.		
Street Address 33 Gaskill Street			Street Address 11 Reservoir Road		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
Secretary Name Marjorie Blouin			Treasurer Name Peter Blouin, Sr.		
Street Address 33 Gaskill Street			Street Address 33 Gaskill Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter Blouin, Sr.			Director Name Peter Blouin, Jr.		
Street Address 33 Gaskill Street			Street Address 11 Reservoir Road		
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			600	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 13 2016

BY

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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.

Peter Blouin Sr. 1-9-16
 Signature of Authorized Representative Date

Peter Blouin Sr.
 Print or Type Name of Authorized Representative