



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. 154911		2. Exact name of the Corporation Beausoleil Bros., Inc.			
3. Principal office address 330 Station Street, Ste. A			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-781-7750		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Asphalt paving and construction services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Scott Beausoleil			Vice-President Name Shawn Beausoleil		
Street Address 330 Station Street, Ste. A			Street Address 330 Station Street, Ste. A		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Scott Beausoleil			Treasurer Name Shawn Beausoleil		
Street Address 330 Station Street, Ste. A			Street Address 330 Station Street, Ste. A		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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) <input checked="" 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.					
200		Common	0.01		

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

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.

FILED

Scott Beausoleil 1/12/2016
 Signature of Authorized Representative Date

Scott Beausoleil
 Print or Type Name of Authorized Representative

JAN 21 2016
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