

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. 000488347		2. Exact name of the Corporation BEAUPRE ELECTRIC, INC			
3. Principal office address 80 NORTH MAIN STREET			City ASSONET	State MA	Zip 02702
4. Business Phone No. 508-644-2950			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name ALLEN BEAUPRE			Vice-President Name ROBIN BEAUPRE		
Street Address PO BOX 668			Street Address 80 N MAIN STREET		
City ASSONET	State MA	Zip 02702	City ASSONET	State MA	Zip 02702
Secretary Name ALLEN BEAUPRE			Treasurer Name ALLEN BEAUPRE		
Street Address 80 N MAIN STREET			Street Address 80 N MAIN STREET		
City ASSONET	State MA	Zip 02702	City ASSONET	State MA	Zip 02702
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name ALLEN BEAUPRE			Director Name		
Street Address 80 N MAIN STREET			Street Address		
City ASSONET	State MA	Zip 02702	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 ("X" BOX FOR ATTACHMENT)					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
20000		NPV		0	

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

FEB 25 2016

9143

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

ALLEN BEAUPRE

Print or Type Name of Authorized Representative