



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

AUG 19 2016
 10:19 AM
 STATE
 BUSINESS
 DIVISION

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000014408		2. Exact name of the Corporation Vermette Bros., Inc.			
3. Principal Office Address 1877 Fall River Avenue			City Seekonk	State MA	Zip 02771
4. Business Phone Number (508) 336-6074			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Construction lumber sales.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles H. Vermette			Vice-President Name Richard Vermette		
Street Address 1877 Fall River Avenue			Street Address 1877 Fall River Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Charles H. Vermette			Treasurer Name Richard Vermette		
Street Address 1877 Fall River Avenue			Street Address 1877 Fall River Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Charles H. Vermette			Director Name Richard Vermette		
Street Address 1877 Fall River Avenue			Street Address 1877 Fall River Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		CNP	No Par Value
11. 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.					
Name of Authorized Representative Charles H. Vermette				Date 06/29/16	
Signature of Authorized Representative SIGN DOCUMENT HERE					

FILED

AUG 19 2016 2:08

By 281757

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



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Street Address				Street Address					
City		State	Zip	City		State	Zip		
8. List ALL directors (names and addresses)							Check the box to indicate an attachment <input checked="" type="checkbox"/>		
Director Name Ellen Vermette				Director Name					
Street Address 1877 Fall River Avenue				Street Address					
City Seekonk		State MA	Zip 02771	City		State	Zip		
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Name of Authorized Representative						Date			
Signature of Authorized Representative <i>Charles H. Vermette</i> SIGN DOCUMENT HERE									

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