



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

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

AUG 19 2016 2:08

By 281757



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| 6. Brief description of the character of business conducted in Rhode Island | | | | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | | | Check the box to indicate an attachment <input type="checkbox"/> | | |
| President Name | | | | Vice-President Name | | | | | |
| Street Address | | | | Street Address | | | | | |
| City | | State | Zip | City | | State | Zip | | |
| Secretary Name | | | | Treasurer Name | | | | | |
| 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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| 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 | | | | | | Date | | | |
| Signature of Authorized Representative <i>Charles H. Vermette</i> SIGN DOCUMENT HERE | | | | | | | | | |

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