



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

Annual Report for the year: 1997

**Corporation**

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

2016 AUG 19 PM 1:44  
 RECEIVED  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

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

**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 1:49

By 281757



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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 <b>Ellen Vermette</b>				Director Name				
Street Address <b>1877 Fall River Avenue</b>				Street Address				
City <b>Seekonk</b>		State <b>MA</b>	Zip <b>02771</b>	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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