



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

Annual Report for the year: 2017

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 2504		2. Exact name of the Corporation LEO A. BLAIS, INC.			
3. Principal Office Address One Walker Street			City Lincoln	State RI	Zip 02865
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Independent insurance company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward L. Blais			Vice-President Name Marc Nadeau		
Street Address 3 Bradford Drive			Street Address 13 Keane Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Edward L. Blais			Treasurer Name Marc Nadeau		
Street Address 3 Bradford Drive			Street Address 13 Keane Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward L. Blais			Director Name Marc Nadeau		
Street Address 3 Bradford Drive			Street Address 13 Keane Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	common	\$1.00
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 Edward L. Blais					Date 1/30/17
Signature of Authorized Representative 					

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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