



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 154911		2. Exact name of the Corporation Beausoleil Bros., Inc.		
3. Principal Office Address 330 Station Street, Ste. A		City Cranston	State RI	Zip 02910
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Asphalt paving and construction services			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Scott Beausoleil		Vice-President Name Shawn Beausoleil		
Street Address 330 Station Street, Ste. A		Street Address 330 Station Street, Ste. A		
City Cranston	State RI	Zip 02910	City Cranston	State RI Zip 02910
Secretary Name Scott Beausoleil		Treasurer Name Shawn Beausoleil		
Street Address 330 Station Street, Ste. A		Street Address 330 Station Street, Ste. A		
City Cranston	State RI	Zip 02910	City Cranston	State RI Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE 0.01
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 Scott Beausoleil			Date 2/9/2017	
Signature of Authorized Representative <i>Scott Beausoleil</i>				

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

FILED

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FORM 630 - Revised: 02/2017