



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000053525

**2. Name of Corporation** J. TURCOTTE & SON JANITORIAL. INC.

**3. Street Address Principal Business Office:**

No. and Street: 17 KEECH DAM ROAD  
PO BOX 354

City or Town: CHEPACHET

State: RI

Zip: 02814

Country: USA

**4. Business Phone No.**

401-568-8018

**5. State of Incorporation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

**6. Brief Description of the Character of Business Conducted in Rhode Island**

JANITORIAL, MAINTENANCE; BUSINESS AND RESIDENTIAL

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHERYL A. TURCOTTE	17 KEECH DAM ROAD ( P.O. BOX 354) CHEPACHET, RI 02814 USA

TREASURER	CHERYL A TURCOTTE	P.O. BOX 354 CHEPACHET, RI 02814 USA
SECRETARY	CHERYL A TURCOTTE	P.O. BOX 354 CHEPACHET, RI 02814 USA
VICE PRESIDENT	CHERYL A TURCOTTE	P.O. BOX 354 CHEPACHET, RI 02814 USA
DIRECTOR	SHAUN M. TURCOTTE	40F OLD DANIELSON PIKE FOSTER, RI 02825 USA
DIRECTOR	CHERYL A. TURCOTTE MRS.	P.O. BOX 354 CHEPACHET, RI 02814 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

**9. 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.**

**Signed this 26 Day of February, 2017 at 12:15:50 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CHERYL A. TURCOTTE  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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