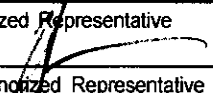


State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2017
Corporation

→ 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 000488347		2. Exact name of the Corporation BEAUPRE ELECTRIC, INC			
3. Principal Office Address 80 NORTH MAIN STREET			City ASSONET	State MA	Zip 02702
4. Business Phone Number 508-644-2950			5. State of Incorporation MA		
6. Brief description of the character of business conducted in Rhode Island ELECTRICAL CONTRACTING					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALLEN BEAUPRE			Vice-President Name ROBIN BEAUPRE		
Street Address PO BOX 668			Street Address 80 N MAIN STREET		
City ASSONET	State MA	Zip 02702	City ASSONET	State MA	Zip 02702
Secretary Name ALLEN BEAUPRE			Treasurer Name ALLEN BEAUPRE		
Street Address 80 N MAIN STREET			Street Address 80 N MAIN STREET		
City ASSONET	State MA	Zip 02702	City ASSONET	State MA	Zip 02702
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ALLEN BEAUPRE			Director Name		
Street Address 80 N MAIN STREET			Street Address		
City ASSONET	State MA	Zip 02702	City	State	Zip
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
			20000		NPV
			PAR VALUE 0		
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  Allen Beaupre				Date 2/28/2017	
Signature of Authorized Representative ALLEN BEAUPRE					

FILED

MAR 02 2017

BY 10110 DS

FORM 630 - Revised: 05/2016

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov