



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 128342	2. Exact name of the Corporation Fleury Enterprises, Inc.
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3. Principal Office Address 545 South Water Street	City Providence	State RI	Zip 02903
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4. NAICS Code 52 - Finance and Insurance	6. Brief description of the character of business conducted in Rhode Island Engage in the business of insurance and employee benefits
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 David L. Fleury			Vice-President Name None		
Street Address 545 South Water Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name David L. Fleury			Treasurer Name David L. Fleury		
Street Address 545 South Water Street			Street Address 545 South Water Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David L. Fleury			Director Name NONE		
Street Address 545 South Water Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name NONE			Director Name NONE		
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
	100	COMMON	NO PAR VALUE

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 David L. Fleury	Date 2-28-17
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Signature of Authorized Representative 	FILED
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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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