



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<br><b>59396</b>  |                    | 2. Exact name of the Corporation<br><b>BEACON DISTRIBUTORS, INC.</b>   |   |                    |   |
| 3. Principal Office Address<br><b>2611 Bronco Highway</b>  |                    |  | City<br><b>Burrillville</b>   | State<br><b>RI</b> | Zip<br><b>02830</b>                             |
| 4. NAICS Code<br><b>81 - Other Services (except</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>distribution of janitorial, food service and industrial supplies</b> |   |                    |   |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |   |                    |   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |   |
| President Name<br><b>Xiaojuan L. Champagne</b>   |                    |  | Vice-President Name<br><b>David G. Champagne</b>  |                    |   |
| Street Address<br><b>12 Taber Hill Road</b>  |                    |  | Street Address<br><b>12 Taber Hill Road</b>   |                    |   |
| City<br><b>North Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02896</b>  | City<br><b>North Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02896</b>                             |
| Secretary Name<br><b>David G. Champagne</b>  |                    |  | Treasurer Name<br><b>Xiaojuan L. Champagne</b>  |                    |   |
| Street Address<br><b>12 Taber Hill Road</b>  |                    |  | Street Address<br><b>12 Taber Hill Road</b>   |                    |   |
| City<br><b>North Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02896</b>  | City<br><b>North Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02896</b>                             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |   |
| Director Name  |                    |  | 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   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |   |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | NUMBER OF SHARES  |                    | CLASS/SERIES                                    |
|  |                    |  | PAR VALUE   |                    |   |
|  |                    |  | <b>100</b>  | <b>common</b>      | <b>no par value</b>                             |
| 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.<br><b>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.</b> |                    |  |   |                    |   |
| Name of Authorized Representative<br><b>Xiaojuan L. Champagne, President</b>   |                    |  |   |                    | Date<br><b>2/21/2017</b>                        |
| Signature of Authorized Representative<br><i>Xiaojuan L. Champagne, Pres.</i>  |                    |  |   |                    | <b>FILED</b><br><b>MAR 27 2017</b><br><i>DV</i> |

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