



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 59396		2. Exact name of the Corporation BEACON DISTRIBUTORS, INC.			
3. Principal Office Address 2611 Bronco Highway			City Burrillville	State RI	Zip 02830
4. NAICS Code 81 - Other Services (except		6. Brief description of the character of business conducted in Rhode Island distribution of janitorial, food service and industrial supplies			
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 Xiaojuan L. Champagne			Vice-President Name David G. Champagne		
Street Address 12 Taber Hill Road			Street Address 12 Taber Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name David G. Champagne			Treasurer Name Xiaojuan L. Champagne		
Street Address 12 Taber Hill Road			Street Address 12 Taber Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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		PAR VALUE
			NUMBER OF SHARES	CLASS/SERIES	
			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 Xiaojuan L. Champagne, President					Date 2/21/2017
Signature of Authorized Representative <i>Xiaojuan L. Champagne, Pres.</i>					FILED MAR 27 2017 <i>DV</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

BY 10540