



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.

STAMP

1. Entity ID Number <b>78298</b>	2. Exact name of the Corporation <b>FECTEAU CONSULTANTS, INC.</b>
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3. Principal Office Address <b>21 Agnes St.</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
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4. NAICS Code <b>52 - Finance and Insurance</b>	6. Brief description of the character of business conducted in Rhode Island <b>Retirement Administration</b>
5. State of Incorporation <b>RI</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 <b>Sean P. Fecteau</b>			Vice-President Name <b>Patricia A Adamonis</b>		
Street Address <b>57 Briarwood Dr</b>			Street Address <b>11 Arrowhead Rd</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>Patricia A Fecteau</b>			Treasurer Name <b>Patricia A Adamonis</b>		
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</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 <b>Sean P Fecteau</b>			Director Name <b>Patricia A Adamonis</b>		
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>Patricia A Fecteau</b>			Director Name		
Street Address <b>57 Briarwood Dr.</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip

9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>200</b>	<b>COMMON</b>	<b>NONE</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.

**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 <b>Sean P Fecteau</b>	Date <b>3/30/2017</b>
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Signature of Authorized Representative

**FILED** *DZ*

**APR 03 2017**

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MAIL TO:  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov