



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 <u>866239</u>		2. Exact name of the Corporation <u>Keith P. Lacourse Inc.</u>	
3. Principal Office Address <u>410 Cooper Hill Rd.</u>		City <u>Mapleville</u>	State <u>R.I.</u>
		Zip <u>02839</u>	
4. NAICS Code <u>23</u>	6. Brief description of the character of business conducted in Rhode Island <u>General repairs to Real estate.</u>		
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Keith P. Lacourse</u>		Vice-President Name <u>None</u>	
Street Address <u>410 Cooper Hill Rd.</u>		Street Address	
City <u>Mapleville</u>	State <u>R.I.</u>	City	State
Zip <u>02839</u>		Zip	
Secretary Name <u>None</u>		Treasurer Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>600</u>	CLASS/SERIES <u>None</u>
		PAR VALUE <u>None</u>	
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 <u>Keith P. Lacourse</u>		Date <u>8/6/2017</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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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