



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2007**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 AUG 18 PM 2:49
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000140519		2. Exact name of the Corporation B & D Boiler Removal, Inc.	
3. Principal Office Address 92 Farrell Street		City Pawtucket	State RI
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General construction including boiler demolition and removal	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Soucy		Vice-President Name Daniel Desautel	
Street Address 92 Farrell Street		Street Address 13 Consolation Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Secretary Name Brian Soucy		Treasurer Name	
Street Address 13 Consolation Avenue		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert Soucy		Director Name Daniel Desautel	
Street Address 92 Farrell Street		Street Address 13 Consolation Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name Brian Soucy		Director Name	
Street Address 13 Consolation Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		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 100	CLASS/SERIES common
			PAR VALUE 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 Edward G. Lawson		Date 7/14/2017	
Signature of Authorized Representative 		FILED	

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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BY Dr 310602 FORM 630 - Revised: 02/2017