



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

Annual Report for the year: 2018
Corporation

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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JAN 19 PM 12:29

1. Entity ID Number 8793		2. Exact name of the Corporation G. GAGNON & SONS, LTD.			
3. Principal Office Address 36 EDDY STREET			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island NAICS CODE 238210			
5. State of Incorporation RHODE ISLAND		TO CARRY ON AND CONDUCT A GENERAL ELECTRICIAN CONTRACTING BUSINESS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD G. GAGNON			Vice-President Name DONALD G. GAGNON		
Street Address 36 EDDY STREET			Street Address 36 EDDY STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name DONALD G. GAGNON			Treasurer Name DONALD G. GAGNON		
Street Address 36 EDDY STREET			Street Address 36 EDDY STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONALD G. GAGNON			Director Name NONE		
Street Address 36 EDDY STREET			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		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. <i>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.</i>					
Name of Authorized Representative DONALD G. GAGNON					Date 12-21-2017
Signature of Authorized Representative <i>Donald G. Gagnon</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

SIGN DOCUMENT HERE

FILED
 BY *[Signature]*
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