



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.

ST. SAUVEUR

|   |                    |   |  |                    |                        |
|---|--------------------|---|--|--------------------|------------------------|
| 1. Entity ID Number<br><b>106509</b>  |                    | 2. Exact name of the Corporation<br><b>ST. SAUVEUR &amp; SONS PAINTING, INC.</b>  |  |                    |                        |
| 3. Principal Office Address<br><b>25 WARNER STREET</b>  |                    | City<br><b>WOONSOCKET</b>   |  | State<br><b>RI</b> | Zip<br><b>02895</b>    |
| 4. NAICS Code<br><b>238320</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>General painting services to the general public and contractors</b> |  |                    |                        |
| 5. State of Incorporation<br><b>RHODE ISLAND</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<br><b>LORI ST. SAUVEUR</b>   |                    |   | Vice-President Name<br><b>RODNEY ST. SAUVEUR</b> |                    |                        |
| Street Address<br><b>25 WARNER STREET</b>   |                    |   | Street Address<br><b>25 WARNER STREET</b>        |                    |                        |
| City<br><b>WOONSOCKET</b>   | State<br><b>RI</b> | Zip<br><b>02895</b>   | City<br><b>WOONSOCKET</b>                        | State<br><b>RI</b> | Zip<br><b>02895</b>    |
| Secretary Name<br><b>RODNEY ST. SAUVEUR</b>   |                    |   | Treasurer Name<br><b>LORI ST. SAUVEUR</b>        |                    |                        |
| Street Address<br><b>25 WARNER STREET</b>   |                    |   | Street Address<br><b>25 WARNER STREET</b>        |                    |                        |
| City<br><b>WOONSOCKET</b>   | State<br><b>RI</b> | Zip<br><b>02895</b>   | City<br><b>WOONSOCKET</b>                        | State<br><b>RI</b> | Zip<br><b>02895</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   |                    |   | 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  |                    |   |  |                    |                        |
| 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |  |                    |                        |
| This information is currently of record in the Department of State.   |                    |   |  |                    |                        |
| Changes require an additional filing.   |                    |   |  |                    |                        |
| 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<br><b>LORI ST. SAUVEUR</b>  |                    |   |  |                    | Date<br><b>1/31/18</b> |
| Signature of Authorized Representative<br><i>Lori St. Sauveur</i>   |                    |   |  |                    | <b>FILED</b>           |
| SIGN DOCUMENT HERE  |                    |   |  |                    |                        |

BY 4547 DS

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