



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB - 8 AM 11:31

1. Entity ID Number 000531952		2. Exact name of the Corporation BeauSoleil & Sons Construction, Inc.			
3. Principal Office Address 287 Main Street			City Cranston	State RI	Zip 02831
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Paving, Concrete, Excavating and Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lee Beausoleil			Vice-President Name Lee Beausoleil		
Street Address 70 Burlingame Road			Street Address 70 Burlingame Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Lee Beausoleil			Treasurer Name Lee Beausoleil		
Street Address 70 Burlingame Road			Street Address 70 Burlingame Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Lee Beausoleil			Director Name		
Street Address 70 Burlingame Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100	CNP	0.010
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 Lee Beausoleil					Date 2/2/2018
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

FEB 08 2018

11:31

BY 323737

FORM 630 - Revised: 10/2017