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.

1. Entity ID Number	2. Exact name of the Corporation		
000531952	BeauSoleil & Sons Construction, Inc.		
3. Principal Office Address	City	State	Zip
287 Main Street	Cranston	RI	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Lee Beausoleil	2/2/2018

Signature of Authorized Representative: Lee Beausoleil

FILED
FEB 08 2018 11:31
BY 323737

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017