



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

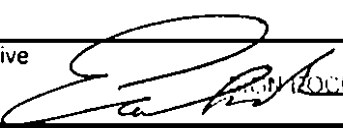
Annual Report for the year: **2018**
Corporation

STAMP

→ 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 2504		2. Exact name of the Corporation LEO A. BLAIS, INC.			
3. Principal Office Address One Walker Street		City Lincoln		State RI	Zip 02865
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Independent insurance company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edward L. Blais			Vice-President Name Marc Nadeau		
Street Address 3 Bradford Drive			Street Address 13 Keane Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Edward L. Blais			Treasurer Name Marc Nadeau		
Street Address 3 Bradford Drive			Street Address 13 Keane Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Edward L. Blais			Director Name Marc Nadeau		
Street Address 3 Bradford Drive			Street Address 13 Keane Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		common		\$1.00	
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 L. Blais					Date 2/9/18
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFILED
FEB 13 2018BY 20121

FORM 630 - Revised: 10/2017