

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

FILED

FEB 12 2018

BY 10388

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 000977377		2. Exact name of the Corporation A. G. BETTENCOURT, INC.			
3. Principal Office Address 821 MAIN RD.			City WESTPORT	State MA	Zip 02790
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island SALES & SERVICE			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name ANDREW BETTENCOURT			Vice-President Name		
Street Address 821 MAIN RD.			Street Address		
City WESTPORT	State MA	Zip 02790	City	State	Zip
Secretary Name ANDREW BETTENCOURT			Treasurer Name ANDREW BETTENCOURT		
Street Address 831 MAIN RD.			Street Address 831 MAIN RD.		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MA	Zip 02790
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name ANDREW BETTENCOURT			Director Name		
Street Address 831 MAIN RD.			Street Address		
City WESTPORT	State MA	Zip 02790	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
		1000		CNP	100
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 <i>Andrew Bettencourt, Pres</i>				Date 2/6/18	
Signature of Authorized Representative ANDREW BETTENCOURT <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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