




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 MAR -1 PM 3:41
STAMP

1. Entity ID Number 93183		2. Exact name of the Corporation Mayflower Financial Corporation			
3. Principal Office Address 450 Veterans Memorial Parkway, Suite 7A			City East Providence	State RI	Zip 02914
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island TO INVEST IN REAL ESTATE AND REAL ESTATE SERVICE PROVIDERS.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James J. Belliveau			Vice-President Name Jeffrey A. St. Sauveur		
Street Address 107 Rumstick Road			Street Address 17 Half Mile Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Jeffrey A. St. Sauveur			Treasurer Name James J. Belliveau		
Street Address 17 Half Mile Road			Street Address 107 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			48	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 James J. Belliveau					Date March 1, 2018
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

FILED

MAR 01 2018

BY 

FORM 630 - Revised: 10/2017