



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

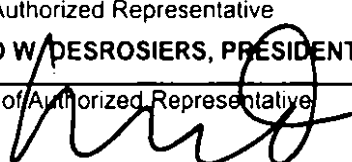
Annual Report for the year: **2019**

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 000046086		2. Exact name of the Corporation R. W. DESROSIERS, INC.			
3. Principal Office Address 670 GREAT ROAD		City LINCOLN		State RI	Zip 02865
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island PLUMBING, MECHANICA, SEWER & EXCAVATION				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD W. DESROSIERS			Vice-President Name		
Street Address 670 GREAT ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RICHARD W. DESROSIERS			Director Name		
Street Address 670 GREAT ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	COMMON	NO PAR
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 RICHARD W. DESROSIERS, PRESIDENT				Date 12/26/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 29 DEC 18 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

BY _____ FORM 630 - Revised: 10/2017

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