



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.

RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV
2019 JAN -3 PM12:14

1. Entity ID Number 001671755		2. Exact name of the Corporation Brouillette HVAC and Sheet Metal, Inc.	
3. Principal Office Address 13 STEVENS STREET		City EAST TAUNTON	State MA
		Zip 02718	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island HVAC AND SHEETMETAL COMPANY		
5. State of Incorporation MASSACHUSETTS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD PROVENCHER		Vice-President Name DONALD PROVENCHER	
Street Address 66 RICHMOND STREET		Street Address 66 RICHMOND STREET	
City EAST TAUNTON	State MA	City EAST TAUNTON	State MA
Zip 02718		Zip 02718	
Secretary Name KEVIN BOSS		Treasurer Name DONALD PROVENCHER	
Street Address 1934 SHARPS LOT ROAD		Street Address 66 RICHMOND STREET	
City SWANSEA	State MA	City EAST TAUNTON	State MA
Zip 02777		Zip 02718	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DONALD PROVENCHER		Director Name KEVIN BOSS	
Street Address 66 RICHMOND STREET		Street Address 1934 SHARPS LOT ROAD	
City EAST TAUNTON	State MA	City SWANSEA	State MA
Zip 02718		Zip 02777	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100,000	CNP
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 DONALD A. PROVENCHER		Date 12/27/2018	
Signature of Authorized Representative <i>Donald A. Provencher</i>			

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

JAN 3 2019

BY *CK8892*

FORM 630 - Revised: 10/2017