



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	Zip 02718	City EAST TAUNTON	State MA	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	Zip 02777	City EAST TAUNTON	State MA	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	Zip 02718	City SWANSEA	State MA	Zip 02777									
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>100,000</td> <td>CNP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100,000	CNP				
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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 														

FILED

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

JAN 3 2019

BY CK8892

FORM 630 - Revised: 10/2017