RI SOS Filing Number: 201985430260 Date: 1/29/2019 4:00:00 PM

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

Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
74900	Bourget &	Bourget & Associates, Inc.					
3 Principal Office Address			City		State	Zip	
365 Elm Street			Woonsocket		RI	02895	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
541230	Field exam	Field examinations, inventory evaluations, consulting					
5 State of Incorporation	<del></del>		•				
Rhode Island							
7. List ALL officers (names	and addresses)			Check	the box to i	ndicate an attachment	
President Name Paul A. Bourget			Vice-President Name				
Street Address 365 Elm Stre	Street Address						
City Woonsocket	State	Z <sup>IP</sup> 02895	City	City		Zıp	
Secretary Name Paul A. Bourget			Treasurer Name Paul A. Bourget				
Street Address 365 Elm Street			Street Address 365 Elm Street				
City Woonsocket	State RI	<sup>Zip</sup> 02895	City Woonsocket		State RI	<sup>Zıp</sup> 02895	
8. List ALL directors (name	s and addresses)			Check	the box to i	ndicate an attachment	
Director Name			Director Name		•		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		<del>-1</del>	<del></del>	
Street Address	<del></del>		Street Address	<del></del>			
City	State	Zıp	City		State	Zıp	
Shares Authorized	<u> </u>	140 Charas Is		Oh a ala	<u> </u>		
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Is	SUED F SHARES	Check the box to indicate an attachment   CLASS/SERIES PAR VALUE			
		2000		Common		No Par	
11. This report must be exe	cuted on behalf of the	corporation by an	authorized represent	ative. If the corpo	ration is in	the hands of a receiver or	
trustee, this report must be	executed on behalf of	f the corporation by	the receiver or trusti	ee.			
Under penalty of perjury, statements, and that all s	l declare and affirm tatements contained	that I have examir Lherein are true al	ned this report, incli and correct	uding any accon	panying s	chedules and	
Name of Authorized Repres	sentative				Date /		
Paul A. Bourget	faut.	N Souget	Souget		1/9/19		
Signature of Authorized Re	presentative						
		SIGN DO	CUMENT FIRS				
·			FHL	<del>EU ~~</del>		<del></del>	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov JAN 2 9 2019

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