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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:

2019

STAMP

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Entity ID Number	Entity ID Number 2. Exact name of the Corporation							
13651	Nadeau Corporation, Construction & Engineering							
3. Principal Office Address	<u> </u>		City	_	State	Zip		
727 Wshington St.			South Attlebo	oro	MA	02703		
4. NAICS Code	6. Brief desc	ription of the chara	cter of business cor	nducted in Rhode	Island	<u> </u>		
236118	General Building and Enginee							
5. State of Incorporation			:	•				
RI	,		)	·  -				
7. List ALL officers (names a	ind addresses)			Check	the box to ind	icate an attachment [		
President Name Ernest Nade	Vice-President Name							
Street Address	Street Address }							
/ Scott Drive								
City Lincoln	State RI	Zip <b>02865</b>	City	<del>.</del>	State	Zıp		
Secretary Name	Treasurer Name							
Street Address	Street Address							
			oncernations ;					
City	State	Zıp	City	-	State	Zıp		
8. List ALL directors (names	and addresses)			Chec	t the box to ind	licate an attachment		
Director Name Ernest Nadea			Director Name					
Street Address 7 Scott Drive	<u> </u>		Street Address	·				
	State	12.0	City		State	17.0		
City Lincoln	RI	Z <sub>1</sub> p 02865	City		State	Zıp		
Director Name	•		Director Name					
Street Address	Street Address	•	<del></del>					
City	State	Zıp	City		State	Zıp		
9 Shares Authorized 10. Shares Iss This information is currently of record in the NUMBER O			SUED OF SHARES I					
Department of State.		114			Common No Par			
Changes require an additiona	l filing.							
11. This round must be asset			:					
<ol> <li>This report must be executed trustee, this report must be executed.</li> </ol>					oration is in the	e hands of a receiver o		
Under penalty of perjury, I	declare and affirm	that / háye examii	ned this report, inc	luding any acco	mpanying sch	edules and		
statements, and that all sta Name of Authorized Represi		Kefrein/are true a	nd correct.		Inete			
Ernest Nadeau	eritative ////	$////_{\Delta}$			Date	30.19		
	/ ////	<i>/                                    </i>		·		20.11		
Signature of Authorized Red	resentative///	// /sich og	LUMENT HERE	FIL	ED			
	<del>// // // // // // // // // // // // // </del>	<del>/////////////////////////////////////</del>		· · · · · · · · · · · · · · · · · · ·	_			
MAIL TO: Division of Business Services,	// // 1/ //	' <b> </b>		FEB 0	1 2019			
148 W. River Street, Providence	1	12	HIM NO	2				
Phone: (401) 222-3040 // Website: www.sos.ri.gov	•			BY	111110	) RM 630 - Rovisod: 10/20		