



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

FILED

FEB 28 2019

or

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.

34 4050

1. Entity ID Number 136887		2. Exact name of the Corporation LOUIS R. LARIVIERE BUILDING & REMODELING, INC.			
3. Principal Office Address 75 Greenville Avenue			City North Providence	State RI	Zip 02911
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To act as a carpenter and general contractor for the construction, repairing and remodeling of buildings of all kinds.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis R. Lariviere			Vice-President Name Louis R. Lariviere		
Street Address 75 Greenville Avenue			Street Address 75 Greenville Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State MA	Zip 02911
Secretary Name Louis R. Lariviere			Treasurer Name Louis R. Lariviere		
Street Address 75 Greenville Avenue			Street Address 75 Greenville Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis R. Lariviere			Director Name		
Street Address 75 Greenville Avenue			Street Address		
City North Providence	State RI	Zip 02911	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	
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 Louis R. Lariviere, President					Date 2.10.2019
Signature of Authorized Representative <i>Louis R. Lariviere</i>			SIGN DOCUMENT HERE		

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