



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.

 DEPARTMENT OF STATE
 CORPORATION'S DIV.
 2019 MAR 25 AM 11:21

1. Entity ID Number <u>96001</u>		2. Exact name of the Corporation <u>Marcel A. Payeur INC.</u>	
3. Principal Office Address <u>113 Otis Allen Rd</u>		City <u>Sanford</u>	State <u>ME</u>
		Zip <u>04073</u>	
4. NAICS Code <u>213114</u>	6. Brief description of the character of business conducted in Rhode Island <u>ME. Company specializing in Industrial Blasting and Painting of Water Towers. Bid jobs that become available in RI.</u>		
5. State of Incorporation <u>Maine</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Marcel A. Payeur</u>		Vice President Name	
Street Address <u>113 Otis Allen Rd</u>		Street Address	
City <u>Sanford</u>	State <u>ME</u>	Zip <u>04073</u>	
Secretary Name <u>Corinna Tremblay</u>		Treasurer Name	
Street Address <u>113 Otis Allen Rd</u>		Street Address	
City <u>Sanford</u>	State <u>ME</u>	Zip <u>04073</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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"/>	
		NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>1</u>
		PAR VALUE <u>0</u>	
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 <u>Corinna Tremblay</u>		Date <u>3-21-19</u>	
Signature of Authorized Representative <u>Corinna Tremblay</u>			

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

 FILED
 MAR 25 2019
 BY BATKK
A.A. 11:23 A.M.