



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
 CORPORATIONS DIV.
 2019 MAR 25 AM 11:21

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

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

MAR 25 2019
 BY **BATK**
 A.A. 11:23 A.M.
 FORM 630 - Revised: 10/2017