



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

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE OF RHODE ISLAND
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 Maine Company specializing in Industrial Blasting and Painting of Water Towers. Would bid projects in the state of R.I. if Projects were available		
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 N/A	
Street Address 113 Otis Allen Rd		Street Address	
City Sanford	State ME	City	State
Zip 04073		Zip	
Secretary Name Corinna Tremblay		Treasurer Name	
Street Address 113 Otis Allen Rd		Street Address	
City Sanford	State ME	City	State
Zip 04073		Zip	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 0 CLASS/SERIES 1 PAR VALUE 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. 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 Corinna Tremblay		Date 03-21-19	
Signature of Authorized Representative Corinna Tremblay			

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 **BSTKK**
A.A. 11:22 A.M.
FORM 630 - Revised: 10/2017