



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.

SECRETARY 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.
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3. Principal Office Address 113 Otis Allen Rd	City Sanford	State ME	Zip 04073
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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

President Name Marcel A. Payeur	Vice-President Name N/A
Street Address 113 Otis Allen Rd	Street Address
City Sanford	City
State ME	State
Zip 04073	Zip
Secretary Name Corinna Tremblay	Treasurer Name
Street Address 113 Otis Allen Rd	Street Address
City Sanford	City
State ME	State
Zip 04073	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	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
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Signature of Authorized Representative Corinna Tremblay	FILED
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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
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 A.A. 11:22 A.M.
 FORM 630 - Revised: 10/2017