



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

JAN 13 2020

BY 5277 OS

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000126686</b>		2. Exact name of the Corporation <b>Fournier Construction, Inc.</b>								
3. Principal office address <b>P.O. Box 121</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>					
4. Business Phone No. <b>401-466-2523</b>			5. State of Incorporation <b>RI</b>							
6. Brief description of the character of business conducted in Rhode Island <b>Construction</b> <i>228990</i>										
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
President Name <b>John Fournier</b>			Vice-President Name <b>John Fournier</b>							
Street Address <b>P.O. Box 121</b>			Street Address <b>P.O. Box 121</b>							
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>					
Secretary Name <b>John Fournier</b>			Treasurer Name <b>John Fournier</b>							
Street Address <b>P.O. Box 121</b>			Street Address <b>P.O. Box 121</b>							
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>					
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>										
Director Name <b>John Fournier</b>			Director Name							
Street Address <b>P.O. Box 121</b>			Street Address							
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>							
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						100		0		

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.

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_

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.

*Elliot Taubman*

01/08/2020

Signature of Authorized Representative

Date

**Elliot Taubman**

Print or Type Name of Authorized Representative

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