



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

Annual Report for the year: **2020**
Corporation

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


FILED

JAN 21 2020

STAMP

2465

SECRETARY OF STATE
FOR ONLY

1. Entity ID Number 789052		2. Exact name of the Corporation B & R HOME IMPROVEMENT, INC.			
3. Principal Office Address 16 Pacific Street			City Central Falls	State RI	Zip 02863
4. NAICS Code 238160	6. Brief description of the character of business conducted in Rhode Island Construction				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert R. St. Pierre			Vice-President Name Robert R. St. Pierre, Jr.		
Street Address 16 Pacific Street			Street Address 16 Pacific Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Albert St. Pierre			Treasurer Name Robert R. St. Pierre, Jr.		
Street Address 16 Pacific Street			Street Address 16 Pacific Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert R. St. Pierre			Director Name Robert R. St. Pierre, Jr.		
Street Address 16 Pacific Street			Street Address 16 Pacific Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			100		
			Common		
			No Par Value		
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 Robert R. St. Pierre					Date 01/15/2020
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					