



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.



1. Entity ID Number 8793		2. Exact name of the Corporation G. GAGNON & SONS, LTD.			
3. Principal Office Address 36 EDDY STREET			City CUMBERLAND		State RI
					Zip 02864
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island TO CARRY ON AND CONDUCT A GENERAL ELECTRICIAN CONTRACTING BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD G. GAGNON			Vice-President Name		
Street Address 36 EDDY STREET			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
					02864
Secretary Name DONALD G. GAGNON			Treasurer Name DONALD G. GAGNON		
Street Address 36 EDDY STREET			Street Address 36 EDDY STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONALD G. GAGNON			Director Name NONE		
Street Address 36 EDDY STREET			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 DONALD G. GAGNON					Date 1-14-20
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

JAN 30 2020
BY **KL 9306**

FORM 630 - Revised: 10/2017