



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

FILED

FEB 21 2020

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 2020

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 866239		2. Exact name of the Corporation Keith P Lacourse Inc.			
3. Principal office address 410 Cooper Hill Rd.			City Mapleville.	State R.I.	Zip 02839
4. Business Phone No. 401-742-7860		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island Generals Repairs to Residential Homes 531110					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Keith P Lacourse			Vice-President Name <input checked="" type="checkbox"/>		
Street Address 410 Cooper Hill Rd-			Street Address		
City Mapleville	State R.I.	Zip 02839	City	State	Zip
Secretary Name <input checked="" type="checkbox"/>			Treasurer Name <input checked="" type="checkbox"/>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <input checked="" type="checkbox"/>			Director Name <input checked="" type="checkbox"/>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <input checked="" type="checkbox"/>			Director Name <input checked="" type="checkbox"/>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
			600	None	.01

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

Keith P. Lacourse 2/15/2020
 Signature of Authorized Representative Date

Keith P. Lacourse
 Print or Type Name of Authorized Representative