State of Rhode Island an	Number: 202035145480 [Ind Providence Plantations ate - Business Services D	Date: 2/21/2020 4:00: <u>00 F</u> ivision						
Annual Report for the ye Corporation	ear: 3020	•	FILED FEB 212020					
 → Filing period: January 1 - N → Filing Fee: \$50.00 → Penalty: Additional \$25.00 N 		BY	159					
1 Entity ID Number	2. Exact name of the Corporation							
001680139	Te	Tessier,s General Store Inc.						
3. Principal Office Address 837 Central Av		City Pawtucket						
4 NAICS Code	6. Brief description of the characte	r of business conducted in Rhode	Island Cc					
444130 5. State of Incorporation R.I.		rdware Store	··.,					
7. List ALL officers (names and ad	dresses)		k the box to indicate an attachment					
President Name Edward A	. Tessier	Vice-President Name Edward M. Tessier						
Street Address		Street Address						

444130		Retail Ha:	erdware S	tore			
5. State of Incorporation	1.						
R.I.	•						
7. List ALL officers (names and add	dresse <u>s)</u>			Check th	ne box to indicat	te an attachment	
President Name Edward A. Tessier			Vice-Presiden	ent Name Edward M.		J GI, GALLOIM	
Street Address 1470 Newman Ave.			Street Addres	Street Address 1845 Providence Pike			
City Seekonk	State MA	Zip 02771	City	North Smithfie	State	Zip 02896	
Secretary Name Janet B. Te	essier		Treasurer Nar	ame .	A. Tessie		
Street Address	· · · · · ·		Street Addres	SS	<u>n. 100010</u>	<u>; </u>	
1470 newman	Ave.			Wewman Ave.			
Seekonk	State MA	02771	City	Seekonk	State Ma	Zip 02771	
8. List ALL directors (names and ad	idresses)		Director Name		ne box to indicat	te an attachment	
Edward A	Director Name Edward A. Tessierr			e Edward M. 1			
Street Address 1470 Newma	in Ave.			Street Address 1845cBrovidence Pike			
City Seekonk	State MA	Z ip 02771	City	orth Smithfiel	State	Z ip 02896	
Orector Name Janet B. Tessi	er		Director Name		<u>*</u>		
Sweet Address 1470 Newman Av		<u> </u>	Street Addres	Street Address			
Seekonk	State MA	Zlp 02771	City		State	Zip	
9 Shares Authorized		10. Shares Issue		Check th	ie box to indicate	e an attachment	
This information is currently of record Department of State.	d in the	NUMBER OF SI		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		1,000	<u>)</u>	CWP	<u></u>	0.0100	
		***************************************				,*	
 This report must be executed or trustee, this report must be execute 	ed on behalf of t	the corporation by the	ne receiver or tr	Inistaa			
Under penalty of perjury, i declar statements, and that all statemen	re and affirm th	hat i have examined	d this report. I	ncluding any accomp	anying schedu	les and	
Name of Authorized Representative	3	Ididili ard area area.	COTTEUL.		Date	_	
Edward A	er		02/19/2020				
Signature of Authorized Representa	tissu	SIGN DOCU	UMUNT HERE			<u>·</u>	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov