



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
 FEB 21 2020
 BY 1597
00

1. Entity ID Number 001680139		2. Exact name of the Corporation Tessier, s General Store Inc.			
3. Principal Office Address 837 Central Ave.		City Pawtucket		State R.I.	Zip 02861
4. NAICS Code 444130		6. Brief description of the character of business conducted in Rhode Island Retail Hardware Store			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President: Name Edward A. Tessier			Vice-President Name Edward M. Tessier		
Street Address 1470 Newman Ave.			Street Address 1845 Providence Pike		
City Seekonk	State MA	Zip 02771	City North Smithfield	State RI	Zip 02896
Secretary Name Janet B. Tessier			Treasurer Name Edward A. Tessier		
Street Address 1470 newman Ave.			Street Address 1470 Newman Ave.		
City Seekonk	State MA	Zip 02771	City Seekonk	State Ma	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward A. Tessier			Director Name Edward M. Tessier		
Street Address 1470 Newman Ave.			Street Address 1845 Providence Pike		
City Seekonk	State MA	Zip 02771	City North Smithfield	State RI	Zip 02896
Director Name Janet B. Tessier			Director Name		
Street Address 1470 Newman Ave.			Street Address		
City Seekonk	State MA	Zip 02771	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	
		1,000	CWP	0.0100	
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. <i>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.</i>					
Name of Authorized Representative Edward A. Tessier				Date 02/19/2020	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov