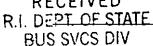
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

-> Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number		tee if form is not filed by April 1.					
891128		2. Exact name of the Corporation Paul G. Bettencourt and Associates, PC					
Principal Office Address	T aur G. E						
197 Warren Avenue			City East Provid	lamaa	State	Zip	
					RI	02914	
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island					
541110	Law Office	Law Office					
5. State of Incorporation		7					
RI							
7. List ALL officers (names and	d addresses)			Check	the box to in	ndicate an attachment	
President Name Paul G. Better	Vice-President Name None						
Street Address 197 Warren Av	Street Address						
City East Providence	State RI	^{Zip} 02914	City		State	Zip	
Secretary Name Paul G. Bettencourt			Treasurer Name Paul G. Bettencourt				
Street Address 197 Warren Avenue			Street Address 197 Warren Avenue				
City East Providence	State RI	^{Zip} 02914	City East Providence		State RI	^{Zip} 02914	
8. List ALL directors (names a	nd addresses)	<u> </u>	.	Check	the box to i	ndicate an attachment	
Director Name Paul G. Bettencourt			Director Name None				
Street Address 197 Warren Avenue			Street Address				
City East Providence	State RI	Zip 02914	City	-	State	Zıp	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
D. Shares Authorized 10. Shares		10. Shares Iss	sued Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		1000		Common		.01	
			-				
11. This report must be execut trustee, this report must be ex-					oration is in I	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 Date							
Paul G. Bettoncourt						Date	
/					78~	Jan. 27 2020	
Signature of Authorized Repre	sentative) SIGN DO	CUMENT HERE				
JADULAT	HE	SIGN DO	CUMENT HERE			_	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

BY Cu Ch 4647 FORM 630 - Revised: 10/2017