



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

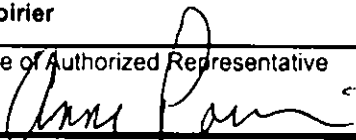
Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

FEB 27 2020

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1. Entity ID Number 000052398		2. Exact name of the Corporation The House of Beauchemin, Inc.	
3. Principal Office Address 334 Social St		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 444110	6. Brief description of the character of business conducted in Rhode Island retail building materials dealer		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Anne Poirier		Vice-President Name Stephen Beauchemin	
Street Address 99 Douglas Pike		Street Address 97 Douglas Pike	
City N. Smithfield	State RI	Zip 02896	City N. Smithfield
			State RI
			Zip 02896
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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	
		300	common
			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. <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 Anne Poirier			Date 02/24/2020
Signature of Authorized Representative 			SIGN DOCUMENT HERE