



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

MAR 24 2020

BY 2289
WR

1. Entity ID Number 123773		2. Exact name of the Corporation Bryan J. Couture Construction, Inc.			
3. Principal Office Address 7 Kathy Street		City Narragansett		State RI	Zip 02882
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island General construction.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bryan J. Couture			Vice-President Name None		
Street Address 7 Kathy Street			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Melissa Durkin Couture			Treasurer Name Bryan J. Couture		
Street Address 7 Kathy Street			Street Address 7 Kathy Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bryan J. Couture			Director Name		
Street Address 7 Kathy Street			Street Address		
City Narragansett	State RI	Zip 02882	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
			100		Common
			PAR VALUE		No par
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. 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 Bryan J. Couture				Date 3/17 , 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

FORM 630 - Revised: 10/2017