



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
CorporationRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2020 MAR 18 PM 3:08

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 37982		2. Exact name of the Corporation Fecteau Benefits Group, Inc.			
3. Principal Office Address 21 Agnes St.		City East Providence		State RI	Zip 02914
4. NAICS Code 54 1990		6. Brief description of the character of business conducted in Rhode Island Retirement Plan Administration			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sean P. Fecteau			Vice-President Name Patricia A Adamonis		
Street Address 57 Briarwood Dr.			Street Address 11 Arrowhead Rd.		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Patricia A. Fecteau			Treasurer Name Patricia A Adamonis		
Street Address 57 Briarwood Dr.			Street Address 11 Arrowhead Rd		
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 Sean P. Fecteau			Director Name Patricia A Adamonis		
Street Address 57 Briarwood Dr.			Street Address 11 Arrowhead Rd.		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name Patricia A. Fecteau			Director Name		
Street Address 57 Briarwood Dr.			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 Common None		
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 Sean P. Fecteau					Date 3/16/2020
Signature of Authorized Representative <i>Sean P. Fecteau</i>					

SIGN DOCUMENT

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017