



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2019
Corporation

- 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 001674639		2. Exact name of the Corporation K A Peltier Distributing Inc			
3. Principal Office Address 20 WEST WARWICK AVENUE, #6			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 424490		6. Brief description of the character of business conducted in Rhode Island Independent distributor of goods			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond Peltier			Vice-President Name Raymond Peltier		
Street Address 20 WEST WARWICK AVENUE, #6			Street Address 20 WEST WARWICK AVENUE, #6		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name Raymond Peltier			Treasurer Name Raymond Peltier		
Street Address 20 WEST WARWICK AVENUE, #6			Street Address 20 WEST WARWICK AVENUE, #6		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond Peltier			Director Name		
Street Address 20 WEST WARWICK AVENUE, #6			Street Address		
City WEST WARWICK	State RI	Zip 02893	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		
			100	Common	.01
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 Raymond Peltier					Date 7/4/20
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					AUG 03 2020

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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