State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2021
Corporation	

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

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→ Penalty: Additional \$2				RY 09	<u> </u>			
Entity ID Number 55216		2. Exact name of the Corporation						
	KJ. Fourmer	R.J. Fournier & Associates, Inc. City State Zip						
3. Principal Office Address 671 Narragansett Parkway		City Warwick	¥		Zip 02886			
4. NAICS Code		cription of the charac	cter of business	conducted in Rhor	de Island			
237990	General Cor	General Construction						
5. State of Incorporation	\neg							
Rhode Island	<u> </u>							
7. List ALL officers (names a	and addresses)		Le - Geraide		eck the box to indic	cate an attachment 🔲		
President Name Ronald Fournier			Vice-Presiden	Vice-President Name				
Street Address 671 Narragansett Parkway		Street Addres	Street Address					
City Warwick	State RI	^{Zip} 02886	City	City		Zip		
Secretary Name Ronald Fourn			Treasurer Nar	Treasurer Name Ronald Fournier				
Street Address 671 Narragansett Parkway			Street Address 671 Narragansett Parkway					
City Warwick	State RI	Zip ₀₂₈₈₆		City Warwick		^{Zip} 02886		
8. List ALL directors (names	and addresses)				eck the box to indir	cate an attachment		
Director Name Ronald Fourni			Director Name	e				
Street Address 671 Narragansett Parkway		Street Addres	Street Address City State RI Zip					
City Warwick	State RI	Zip 02886	City	City		Zip		
Director Name	•		Director Name	Director Name				
Street Address			Street Address	Street Address				
City	Slate	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss						
This information is currently o Department of State.	of record in the	NUMBER O	FSHARES	CLASS/SE		PAR VALUE		
Changes require an additional	d Alica	100		STK	s	1.00		
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11. This report must be execu	uted on behalf of the	corporation by an	authorized repre-	sentative. If the co	rporation is in the	hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I	ecuted on behalf of declare and affirm !	the corporation by	the receiver or tr	rustee. Including any acc		dules and		
statements, and that all sta	atements contained			nordaniy ariy		duies and		
Name of Authorized Represe	entative			Date				
Ronald Fournier				·	12/15/2020			
Signature of Authorized Repr	resentative							

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040

FORM 630 - Revised: 08/2020