



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

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BUS SVCS DIV
2021 JAN 27 4:14 PM '21

| | | | | | |
|--|-------------|---|--|-------------------|--------------|
| 1. Entity ID Number 1667397 | | 2. Exact name of the Corporation R.P. Valois & Company, Inc. | | | |
| 3. Principal Office Address 29 Russells Mills Road | | City Dartmouth | | State MA | Zip 02748 |
| 4. NAICS Code 236110 | | 6. Brief description of the character of business conducted in Rhode Island general contractor of new and existing homes and businesses. | | | |
| 5. State of Incorporation MA | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Roland P. Valois | | | Vice-President Name | | |
| Street Address 1 Meadow Shores Road | | | Street Address | | |
| City Dartmouth | State MA | Zip 02748 | City | State | Zip |
| Secretary Name Suzanne M.A. Valois | | | Treasurer Name Roland P. Valois | | |
| Street Address 1 Meadow Shores Road | | | Street Address 1 Meadow Shores Road | | |
| City Dartmouth | State MA | Zip 02748 | City Dartmouth | State MA | Zip 02748 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name None | | |
| 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 |
| | | 100 | | CNP | 0 |
| 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 Roland P. Valois | | | | Date 1/25/2021 | |
| Signature of Authorized Representative | | | | | |

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: 08/2020