



State of Rhode Island  
**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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 : 2021 JAN 27 PM 2: 14

1. Entity ID Number <b>1667397</b>		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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.					
<b>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.</b>					
Name of Authorized Representative Roland P. Valois				Date 1/25/2021	
Signature of Authorized Representative 				<b>FILED</b>	

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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