RI SOS Filing Number: 202188001110 Date: 1/27/2021 2:16:00 PM

State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV. MP
2021 JAN 27 PM 2:14

Annual Report for the year: 2018
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	2. Exact name of the Corporation
1667397	R.P. Valois & Company, Inc.

3. Principal Office Address	City	State	Zip
29 Russells Mills Road	Dartmouth	MA	02748

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236110	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 ☐

President Name	Vice-President Name
Roland P. Valois	
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 ☐

Director Name	Director Name
None	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 ☐		
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.

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	Date
Roland P. Valois	1/25/2021
Signature of Authorized Representative	

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

JAN 27 2021
2:16
By 2m694

FORM 630 - Revised: 08/2020