



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.

FILED

FEB 03 2021

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1. Entity ID Number 875103		2. Exact name of the Corporation Tellier Construction & Painting, Inc.			
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Road			City Cumberland	State RI	Zip 02864-2824
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Construction and painting services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark A. Tellier			Vice-President Name Aaronne Forcucci		
Street Address 61 Arthur Richmond Road			Street Address 61 Arthur Richmond Road		
City West Greenwich	State RI	Zip 02817-1902	City West Greenwich	State RI	Zip 02817-1902
Secretary Name Mark A. Tellier			Treasurer Name Mark A. Tellier		
Street Address 61 Arthur Richmond Road			Street Address 61 Arthur Richmond Road		
City West Greenwich	State RI	Zip 02817-1902	City West Greenwich	State RI	Zip 02817-1902
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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	common	no par
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 Mark A. Tellier				Date 1/20/2021	
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

FORM 630 - Revised: 08/2020