



State of Rhode Island

Department of State - Business Services Division

FEB 10

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.

FEB 10 2021

B-43548

1. Entity ID Number 136887		2. Exact name of the Corporation LOUIS R. LARIVIERE BUILDING & REMODELING, INC.			
3. Principal Office Address 75 Greenville Avenue		City North Providence		State RI	Zip 02911
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To act as a carpenter and general contractor for the construction, repairing and remodeling of buildings of all kinds.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis R. Lariviere			Vice-President Name Louis R. Lariviere		
Street Address 75 Greenville Avenue			Street Address 75 Greenville Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Louis R. Lariviere			Treasurer Name Louis R. Lariviere		
Street Address 75 Greenville Avenue			Street Address 75 Greenville Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis R. Lariviere			Director Name		
Street Address 75 Greenville Avenue			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
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 Louis R. Lariviere, President					Date 1-24-21
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