



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 10 2021

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1. Entity ID Number 1705813		2. Exact name of the Corporation Cinq-Mars, Inc.			
3. Principal Office Address 21 Silver Spring Avenue			City East Providence	State RI	Zip 02915
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing 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 Craig A. Cinq-Mars			Vice-President Name Craig A. Cinq-Mars		
Street Address 21 Silver Spring Avenue			Street Address 21 Silver Spring Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Craig A. Cinq-Mars			Treasurer Name Craig A. Cinq-Mars		
Street Address 21 Silver Spring Avenue			Street Address 21 Silver Spring Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Craig A. Cinq-Mars			Director Name None		
Street Address 21 Silver Spring Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Craig A. Cinq-Mars					Date
Signature of Authorized Representative <i>[Signature]</i> President					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020