



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 MAR 17 AM 9:02

1. Entity ID Number 001666426		2. Exact name of the Corporation McInnis USA Inc.			
3. Principal Office Address 50 Oak Point Avenue			City Bronx	State NY	Zip 10474
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Distribution of cement and similar materials			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Baudouin Nizet			Vice-President Name		
Street Address 4838 De Brébeuf street			Street Address		
City Montréal	State QC CAN	Zip H2J 3L5	City	State	Zip
Secretary Name André Racine			Treasurer Name Edouard Ouellet		
Street Address 135 Bearn Avenue			Street Address 138 Gobeil Street		
City Saint-Lambert	State QC CAN	Zip J4S 1K6	City Laval	State QC CAN	Zip H7Y 1R1
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Louis Laporte			Director Name André Racine		
Street Address 408 Beaumont Street East			Street Address 135 Bearn Avenue		
City Saint-Bruno-de-Montarville	State QC CAN	Zip J3V 2R3	City Saint-Lambert	State QC CAN	Zip J4S 1K6
Director Name			Director Name		
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 Shares		\$1.00
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 André Racine					Date MARCH 2, 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

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FORM 630 - Revised: 08/2020