



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

 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	
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 HY7 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 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 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. 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 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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