RI SOS Filing Number: 202195205040 Date: 3/30/2021 4:00:00 PM

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
MAR 30 2021
BY 5303 DS

1. Entity ID Number	2. Exact name of the Corporation			
37982	Fecteau Benefits Group, Inc.			
3. Principal Office Address		City	State	Zip
21 Agnes St.		East Providence	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
54 1990	Retirement Plan Administration			
5. State of Incorporation				
MA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Sean P. Fecteau			Vice-President Name: Patricia A. Adamonis		
Street Address: 57 Briarwood Dr.			Street Address: 11 Arrowhead Rd		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771
Secretary Name: Patricia A. Fecteau			Treasurer Name: Patricia A. Adamonis		
Street Address: 57 Briarwood Dr.			Street Address: 11 Arrowhead Rd		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Sean P. Fecteau			Director Name: Patricia A. Adamonis		
Street Address: 57 Briarwood Dr.			Street Address: 11 Arrowhead Rd		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771
Director Name: Patricia A. Fecteau			Director Name:		
Street Address: 57 Briarwood Dr.			Street Address:		
City: Seekonk	State: MA	Zip: 02771	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	None

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	Date
Sean P. Fecteau	03/25/2021

Signature of Authorized Representative

Sean Fecteau

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