RI SOS Filing Number: 202195207710 Date: 3/30/2021 4:00:00 PM

State of Rhode Isl  Department	Division		FILED				
Annual Report for the year:  Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1.			_	MAR 3 0 2021			
1. Entity ID Number		2. Exact name of the Corporation					
78298	Fecteau Cons	ultants. Inc.					
3. Principal Office Address 21 Agnes St.			City East Provide	ence	State RI	Zip 02914	
4. NAICS Code 52 3 1 1 5 5. State of Incorporation RI	•	6. Brief description of the character of business conducted in Rhode Island Retirement Plan Administration					
7. List ALL officers (names	and addresses)	<del> </del>		Check	the box to i	ndicate an attachment	
President Name Sean P. Fecti	Vice-Presiden	Vice-President Name Patricia A. Adamonis					
Street Address 57 Briarwood	Street Address 11 Arrowhead Rd						
<sup>City</sup> Seekonk	State MA	<sup>Z<sub>1</sub>p</sup> 02771	City Seekonk		State M/	Z <sup>10</sup> 02771	
Secretary Name Patricia A. F	Treasurer Name Patricia A. Adamonis						
Stree: Address 57 Briarwood Dr.				Street Address 11 Arrowhead Rd			
<sup>City</sup> Seekonk	State MA	Zip 02771	City Seekonk		State M/	Z <sup>ip</sup> 02771	
8. List ALL directors (names	s and addresses)	i	<del></del>	Check	the box to i	ndicate an attachment	
Director Name Sean P. Fecter	au		Director Name	Patricia A. Adamor	nis		
Street Audress 57 Briarwood	l Dr.		Street Address	s 11 Arrowhead Rd			
City Seekonk	State MA	Z <sub>1</sub> p 02771	City Seekonk		State M.	A Zip 02771	
Director Name Patricia A. Fecteau			Director Name	Director Name			
Street Address 57 Briarwood	Street Address						
<sup>City</sup> Seekonk	State MA	Zip 02771	City	··	State	Zıp	
9. Shares Authorized		10. Shares Is				ndicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		200 Con		CLASS/SER (	.5	None PAR VALUE	
11. This report must be exe trustee, this report must be					oration is in	the hands of a receiver or	
Under penalty of perjury, statements, and that all s	I declare and affirm ti	hat I have examii	ned this report, i		mpanying s	chedules and	
Name of Authorized Representative Sean P. Fecteau					Date 03/25/2021		
Signature of Authorized Re	presentative	· · ·	-		00. 20. 2		
Secrte	elia						
MAIL TO:	<del></del>						

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov