



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BY

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1. Entity ID Number 875103		2. Exact name of the Corporation Tellier Construction & Painting, Inc.												
3. Principal Office Address c/o Gaschen Law Offices, 180 Little Pond County Rd		City Cumberland		State RI	Zip 02864									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Construction and Painting 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 Mark A. Tellier			Vice-President Name Aaronne Forcucci											
Street Address 61 Arthur Richmond Road			Street Address 61 Arthur Richmond Road											
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817									
Secretary Name Mark A. Tellier			Treasurer Name Mark A. Tellier											
Street Address 61 Arthur Richmond Road			Street Address 61 Arthur Richmond Road											
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
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100	Common	No Par												
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 Mark A. Tellier					Date 2/20/2022									
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov