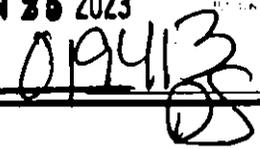




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 25 2023
 BY 019413


1. Entity ID Number 000052398		2. Exact name of the Corporation The House of Beauchemin, Inc.			
3. Principal Office Address 334 Social St			City Woonsocket	State RI	Zip 02895
4. NAICS Code 444110		6. Brief description of the character of business conducted in Rhode Island retail building materials dealer			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anne Poirier			Vice-President Name Stephen Beauchemin		
Street Address 99 Douglas Pike			Street Address 97 Douglas Pike		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		common	no par value
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 Anne Poirier					Date 012023
Signature of Authorized Representative 