



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 14 2023

BY Y604
OS

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

1. Entity ID Number 136887		2. Exact name of the Corporation LOUIS R. LARIVIERE BUILDING & REMODELING, INC.	
3. Principal Office Address 75 Greenville Avenue		City North Providence	State RI
		Zip 02911	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island To act as a carpenter and general contractor for the construction, repairing and remodeling of buildings of all kinds.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Louis R. Lariviere		Vice-President Name Louis R. Lariviere	
Street Address 75 Greenville Avenue		Street Address 75 Greenville Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02911		Zip 02911	
Secretary Name Louis R. Lariviere		Treasurer Name Louis R. Lariviere	
Street Address 75 Greenville Avenue		Street Address 75 Greenville Avenue	
City North Providence	State RI	City North Providence	State RI
Zip 02911		Zip 02911	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Louis R. Lariviere		Director Name	
Street Address 75 Greenville Avenue		Street Address	
City North Providence	State RI	City	State
Zip 02911		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			No
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 Louis R. Lariviere, President			Date 1.14.23
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