



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.

APR 20 2023

40288

1. Entity ID Number 106509		2. Exact name of the Corporation ST. SAUVEUR & SONS PAINTING, INC.			
3. Principal Office Address 25 WARNER STREET			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island PROVIDE PAINTING SERVICES TO THE GENERAL PUBLIC AND CONTRACTORS			
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 LORI ST. SAUVEUR			Vice-President Name RODNEY ST. SAUVEUR		
Street Address 25 WARNER STREET			Street Address 25 WARNER STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name			Treasurer Name LORI ST. SAUVEUR		
Street Address 25 WARNER STREET			Street Address 25 WARNER STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
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		
			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 LORI ST. SAUVEUR					Date 4/18/2023
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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