RI SOS Filing Number: 202343175960 Date: 12/1/2023 1:46:00 PM State of Rhode Island **Department of State - Business Services Division** 2023 Annual Report for the year: Corporation → 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 2. Exact name of the Corporation 125095 Breault Roofing, Inc. 3. Principal Office Address State City Zip **New Bedford** 02745 MA 110 Madeira Avenue 6. Brief description of the character of business conducted in Rhode Island 4. NAICS Code 238160 Roofing Contractor 5. State of Incorporation Massachusetts

7. List ALL officers (names and addresses)				Check the box to indicate an attachment 🔲				
President Name James A. Breault				Vice-President Name None				
Street Address 232 Robinson Road			Street Address					
City Acushnet	State MA	<sup>Zip</sup> 02743	City		State		Zip	
Secretary Name Gloria Breault				Treasurer Name James A. Breault				
Street Address 1039 Almy Street				Street Address 232 Robinson Road				
City New Bedford	State MA	<sup>Zip</sup> 02745	City Acushnet		State	MA	<sup>Z<sub>IP</sub></sup> 02743	
8. List ALL directors (names a	nd addresses)	•	•	Check 1	he box to indi	cate an a	ttachment 🗖	
Director Name James A. Breault				Director Name Gloria Breault				
Street Address 232 Robinson Road				Street Address 1039 Almy Street				
City Acushnet	State MA	<sup>Zip</sup> 02743	City New Bedford		State MA		Zip 02745	
Director Name	<b>--</b>	1	Director N	ame	,			
Street Address			Street Add	dress			<u></u>	
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Iss	ued	Check	the box to ind	icate an a	attachment [	
This information is currently of record in the NUMBER OF								
Department of State. Changes require an additional filing.		1,000		CNP		None		
				·		<del></del>		
11. This report must be execu	ted on behalf of the	corporation by an a	authorized re	presentative. If the	corporation is	in the ha	nds of a re-	
ceiver or trustee, this report m								
Under penalty of perjury, I o					ccompanying	schedu	les and	
statements, and that all stat		herein are true an	d correct.	•	<del></del>			
Name of Authorized Represer	ntative				Date			

Signature of Authorized-Representative

FILED

**Division of Business Services** 

James A. Breault

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Rei si m 🧀 2020

July.

2023