State of Rhode Is Department of Annual Report for the yea Corporation Filing period: February Filing Fee: \$50.00	r: 2017 	ss Services [/2023 1: 3 9:00-	<u></u> -	23 DEC 1 PM1:25:57	
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 R	Breault Roofing, Inc.					7:n
3. Principal Office Address 110 Madeira Avenue			New B	edford	State MA		Zip 02745
4. NAICS Code 238160 5. State of Incorporation Massachusetts	6. Brief descrip		er of busines	s conducted in Rho	de Island		
7. List ALL officers (names an	Check the box to indicate an attachment □						
President Name James A. I	Vice-President Name None						
Street Address 232 Robinson Road			Street Address				
City Acushnet	State MA	^{Zip} 02743	City		State		Zıp
Secretary Name Gloria Bre	ault		Treasurer	James A.	Breault		
Street Address 1039 Almy Street			Street Address 232 Robinson Road				
City New Bedford	State MA	^{Zip} 02745	City Acushnet			NA	
8. List ALL directors (names a	and addresses)	<u>_</u>	16'		he box to indica	te an att	achment [
Director Name James A. Breault			Director Name Gloria Breault				
Street Address 232 Robinson Road			Street Address 1039 Almy Street				
City Acushnet	State MA	^{Zip} 02743	City New Bedford		State M	Α	Zip 02745
Director Name			Director Name				
Street Address			Street Add	Iress			
City	State	Zip	City		State	State Z	
9. Shares Authorized		10. Shares Is				ne box to indicate an attachment [
This information is currently of record in the Department of State.		1,000		CLASS/SERIES CNP		None PAR VALUE	
Changes require an additional	filing.	<u> </u>					
11. This report must be exec ceiver or trustee, this report i Under penalty of perjury, I	must be executed on	behalf of the corpo	ration by the	receiver or trustee.			

statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date

FILED James A. Breault

Signature of Authorized Representative

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revise J. 4/2023

July,

2023