



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2017

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 125095 | | 2. Exact name of the Corporation Breault Roofing, Inc. | | | |
| 3. Principal Office Address 110 Madeira Avenue | | | City New Bedford | State MA | Zip 02745 |
| 4. NAICS Code 238160 | | 6. Brief description of the character of business conducted in Rhode Island Roofing Contractor | | | |
| 5. State of Incorporation Massachusetts | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name James A. Breault | | | Vice-President Name None | | |
| Street Address 232 Robinson Road | | | Street Address | | |
| City Acushnet | State MA | Zip 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 | Zip 02745 | City Acushnet | State MA | Zip 02743 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 MA | Zip 02745 |
| 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/SERIALS | PAR VALUE |
| | | 1,000 | | CNP | 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 James A. Breault | | | | Date July, 31, 2023 | |
| Signature of Authorized Representative | | | | | |

FILED

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MAIL TO:
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