



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2006

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 Alfonse A. Breault		
Street Address 1039 Almy Street			Street Address 1039 Almy Street		
City New Bedford	State MA	Zip 02745	City New Bedford	State MA	Zip 02745
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alphonse A. Breault			Director Name Gloria Breault		
Street Address 1039 Almy Street			Street Address 1039 Almy Street		
City New Bedford	State MA	Zip 02745	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/SERIES	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. <i>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.</i>					
Name of Authorized Representative James A. Breault				Date July, 31, 2023	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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