



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-7335
401-222-3040

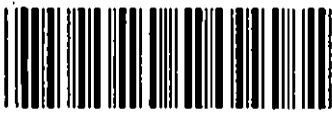
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125095		2. Name of Corporation Breault Roofing, Inc.	
3. Street Address Principal Business Office 110 Madriper Avenue		City New Bedford	State MA
4. Business Phone No. (508) 995 3047		5. State of Incorporation MASSACHUSETTS	6. SIC Code 0430
7. Brief Description of the Character of Business Conducted in Rhode Island Roofing			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JAMES A. BREAU		Vice President Name Alphonse Breault	
Street Address 21 Bertrands Way		Street Address 1039 Army St.	
City Acushnet	State MA	City New Bedford	State MA
Zip 02743		Zip 02745	
Secretary Name Gloria Breault		Treasurer Name Alphonse Breault	
Street Address 1039 Army St.		Street Address 1039 Army St.	
City New Bedford	State MA	City New Bedford	State MA
Zip 02745		Zip 02745	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JAMES A. BREAU		Director Name Alphonse Breault	
Street Address 21 Bertrands Way		Street Address 1039 Army St.	
City Acushnet	State MA	City New Bedford	State MA
Zip 02743		Zip 02745	
Director Name Gloria Breault		Director Name	
Street Address 1039 Army St.		Street Address	
City New Bedford	State MA	City	State
Zip 02745		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
7,500 COMM NO PAR VALUE		2000	COMM
Par Value		Par Value	
		NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 5 0 9 5 *

File Date: **1-31-03**

Check No.: **13801**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] **1/31/03**
Signature of Officer Date

JAMES A. BREAU
Print or Type Name of Officer

President
Title of Officer