



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
JAN 29 2024

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1. Entity ID Number 001671755		2. Exact name of the Corporation Brouillette HVAC and Sheet Metal, Inc.			
3. Principal Office Address 13 Stevens St			City East Taunton	State MA	Zip 02718
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island HVAC and Sheet Metal Company			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name Donald A Provencher			Vice-President Name Donald A Provencher		
Street Address 13 Stevens St			Street Address 13 Stevens St		
City East Taunton	State MA	Zip 02718	City East Taunton	State MA	Zip 02718
Secretary Name Kevin A Boss			Treasurer Name Kevin A Boss		
Street Address 13 Stevens St			Street Address 13 Stevens St		
City East Taunton	State MA	Zip 02718	City East Taunton	State MA	Zip 02718
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100,000		CNP	50
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 Donald A Provencher					Date
Signature of Authorized Representative <i>Donald Provencher</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov