



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.

REC'D RIDGESS ESD
21 MAR 12 PM 12:51:33
ST

1. Entity ID Number 10023		2. Exact name of the Corporation GAUDREAU & CO., INC.			
3. Principal Office Address 5 Cathedral Square		City Providence		State RI	Zip 02903
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Acquire entity and/or various other interests, conduct all activates related, necessary or incidental thereto.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert R. Gaudreau, Jr.			Vice-President Name Scott Gaudreau		
Street Address 5 Cathedral Square			Street Address 5 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Scott Gaudreau			Treasurer Name Sarah Happenny		
Street Address 5 Cathedral Square			Street Address 5 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Gaudreau			Director Name Robert R. Gaudreau, Jr.		
Street Address 5 Cathedral Square			Street Address 5 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Sarah Happenny			Director Name		
Street Address 5 Cathedral Square			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. Shares Authorized 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
		300	Common	1.00	
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 Scott Gaudreau, Secretary			FILED		Date 3/1/24
Signature of Authorized Representative 			MAR 01 2024 BY		

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