



**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.

**FILED STAMP**

**MAR 18 2024**

BY 1879

1. Entity ID Number <b>78298</b>		2. Exact name of the Corporation <b>Fecteau Consultants, Inc.</b>									
3. Principal Office Address <b>100 Amaral St., #12</b>			City <b>Riverside</b>		State <b>RI</b>						
			Zip <b>02915</b>								
4. NAICS Code <b>52 3110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retirement Plan Administration</b>									
5. State of Incorporation <b>RI</b>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>Sean P. Fecteau</b>			Vice-President Name <b>Patricia A. Adamonis</b>								
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Road</b>								
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>						
Secretary Name <b>Patricia A Fecteau</b>			Treasurer Name <b>Patricia A Adamonis</b>								
Street Address <b>57 Briarwood Dr</b>			Street Address <b>11 Arrowhead Road</b>								
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200</b></td> <td><b>Common</b></td> <td><b>None</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>Common</b>	<b>None</b>
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<b>200</b>	<b>Common</b>	<b>None</b>									
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. <b>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.</b>											
Name of Authorized Representative <b>Sean P Fecteau</b>				Date <b>03/12/2024</b>							
Signature of Authorized Representative 											

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)