



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.

1. Entity ID Number 504777		2. Exact name of the Corporation Bolduc Mechanical Services, Inc.			
3. Principal Office Address 20 Sylvester Hamilton Road			City Chester	State MA	Zip 01011
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Sales and installation of automobile lifts			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Florence A. Bolduc			Vice-President Name Dennis Bolduc		
Street Address 20 Sylvester Hamilton Road			Street Address 20 Sylvester Hamilton Road		
City Chester	State MA	Zip 01011	City Chester	State MA	Zip 01011
Secretary Name Florence A. Bolduc			Treasurer Name Florence A. Bolduc		
Street Address 20 Sylvester Hamilton Road			Street Address 20 Sylvester Hamilton Road		
City Chester	State MA	Zip 01011	City Chester	State MA	Zip 01011
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Florence A. Bolduc			Director Name		
Street Address 20 Sylvester Hamilton Road			Street Address		
City Chester	State MA	Zip 01011	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 <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		
			no par common		
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 Florence A. Bolduc					Date 2/6/2024
Signature of Authorized Representative <i>Florence A. Bolduc</i>					

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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BY ML 1153