



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

APR 26 2024

BY

1. Entity ID Number 000154911		2. Exact name of the Corporation Beausoleil Bros., Inc.			
3. Principal Office Address 330 Station Street, Ste A			City Cranston	State RI	Zip 02910
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Asphalt paving and construction services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Beausoleil			Vice-President Name Shawn Beausoleil		
Street Address 330 Station Street, Ste A			Street Address 330 Station Street, Ste A		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Scott Beausoleil			Treasurer Name Shawn Beausoleil		
Street Address 330 Station Street, Ste A			Street Address 330 Station Street, Ste A		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 <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		
			200	Common	0.01
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 Beausoleil				Date 4/22/2024	
Signature of Authorized Representative 					

MAIL TO:

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