



State of Rhode Island

Department of State - Business Services Division

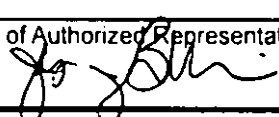
Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000093183		2. Exact name of the Corporation MAYFLOWER FINANCIAL CORPORATION			
3. Principal Office Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 551112		6. Brief description of the character of business conducted in Rhode Island TO INVEST IN REAL ESTATE AND REAL ESTATE SERVICE PROVIDERS.			
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 JAMES J. BELLIEAVU			Vice-President Name JEFFREY A. ST. SAUVEUR		
Street Address 450 VETERANS MEMORIAL PKWY 7A			Street Address 450 VETERANS MEMORIAL PKWY 7A		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JEFFREY A. ST. SAUVEUR			Treasurer Name JAMES J. BELLIVEAU		
Street Address 450 VETERANS MEMORIAL PKWY 7A			Street Address 450 VETERANS MEMORIAL PKWY 7A		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <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
			48	COMMON	\$1.00
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 JAMES J. BELLIVEAU				Date 4-25-2024	
Signature of Authorized Representative 					

FILED

APR 30 2024

BY

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