



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 RIDGS BSD
24 DEC 9 AM 10:24:11

1. Entity ID Number <u>000742971</u>		2. Exact name of the Corporation <u>Bruneau Antiques, Inc.</u>			
3. Principal Office Address <u>63 Fourth Avenue</u>			City <u>Clanson</u>	State <u>RI</u>	Zip <u>02910</u>
4. NAICS Code <u>453310</u>		6. Brief description of the character of business conducted in Rhode Island <u>antiques</u>			
5. State of incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Kevin Bruneau</u>			Vice-President Name		
Street Address <u>17 Shepherds Run</u>			Street Address		
City <u>No Situate</u>	State <u>RI</u>	Zip <u>02857</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		<u>1,000.00</u>		<u>Common</u>	<u>.0100</u>
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 <u>Kevin P. Bruneau</u>					Date <u>12/9/2024</u>
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

FILED 10:29

DEC 09 2024

FORM 630- Revised: 12/2023

BY NVASE