



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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  
FEB 27 2025  
BY 0214/13  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 000052398		2. Exact name of the Corporation The House of Beauchemin, Inc.			
3. Principal Office Address 334 Social Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 444110		6. Brief description of the character of business conducted in Rhode Island retail building materials dealer			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Anne Beauchemin			Vice-President Name Stephen Beauchemin		
Street Address 99 Douglas Pike			Street Address 97 Douglas Pike		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			10. Shares Issued <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			300		
			common		
			no par value		
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 Anne Poirier					Date 02/25/25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov