RI SOS Filing Number: 202570405780 Date: 4/11/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

AND STARTE

FILED

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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(can) BY	27945 VM

Penalty: Additional \$25.00 fee if form is not filed by May 31.									
1. Entity ID Number	2. Exact name of the Corporation								
116615	R. BOUSQUET & SONS, INC.								
3. Principal Office Address	-				State		Zip		
2001 Victory Highway			Coven	try	RI		02816		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
238390	To operate a contracting business; to purchase, hold and sell real property.								
5. State of Incorporation	ſ								
Rhode Island									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Richard J. Bousquet, Sr.			Vice-President Name Richard J. Bousquet, Sr.						
Street Address 2001 Victory Highway			Street Address 2001 Victory Highway						
Coventry Coventry	State RI	^{Zip} 02816	City Coventry		State	RI	Zip 02816		
Secretary Name Richard J. Bou	squet, Sr.			Treasurer Name Richard J. Bouquet, Sr.					
Street Address 2001 Victory Highway		Street Address 2001 Victory Highway							
City Coventry	State RI	^{Zip} 02816	City Coventry		Ctata	RI	Zip 02816		
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name None		Director Name							
Street Address		Street Address							
City	State	Zip	City		State		Zıp		
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State		Zip		
9. Shares Authorized	ı	10. Shares Issued Chec			k the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERI	CLASS/SERIES PAR VALUE				
Department of State.		51		Common		No Par	Value		
Changes require an additional filing.									
11. This report must be executed or	n behalf of the cor	poration by an au	ithorized rep	oresentative. If the corp	oration is	in the hand	s of a re-		
ceiver or trustee, this report must be									
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 Richard J. Bouquet, Sr.					Date 4/5/25				
Signatore of Authorized Representative									
Guhard Bousquet Dr.									
MAIL TO:	/)								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov