RI SOS Filing Number: 202570411880 Date: 4/14/2025 4:00:00 PM

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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.

1. Entity ID Number	2. Exact name of the Corporation			
136887	LOUIS R. LARIVIERE BUILDING & REMODELING, INC.			
3. Principal Office Address		City	State	Zip
75 Greenville Avenue		North Providence	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	To act as a carpenter and general contractor for the construction, repairing and remodeling of buildings of all kinds.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Louis R. Lariviere			Vice-President Name: Louis R. Lariviere		
Street Address: 75 Greenville Avenue			Street Address: 75 Greenville Avenue		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911
Secretary Name: Louis R. Lariviere			Treasurer Name: Louis R. Lariviere		
Street Address: 75 Greenville Avenue			Street Address: 75 Greenville Avenue		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Louis R. Lariviere			Director Name		
Street Address: 75 Greenville Avenue			Street Address		
City: North Providence	State: RI	Zip: 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No

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	Date
Louis R. Lariviere, President	2.14.25

Signature of Authorized Representative: Louis R. Lariviere

FILED
APR 14 2025
BY 4794 AA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021