State of Rhode Island
Department of State - Business Services Division

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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
000093183	MAYFLOWER FINANCIAL CORPORATION

3. Principal Office Address	City	State	Zip
450 VETERANS MEMORIAL PARKWAY, SUITE 7A	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
551112	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 ☐

President Name	Street Address	City	State	Zip
JAMES J. BELLIVEAU	450 VETERANS MEMORIAL PKWY 7A	EAST PROVIDENCE	RI	02914

Vice-President Name	Street Address	City	State	Zip
JEFFREY A. ST. SAUVEUR	450 VETERANS MEMORIAL PWY 7A	EAST PROVIDENCE	RI	02914

Secretary Name	Street Address	City	State	Zip
JEFFREY A. ST. SAUVEUR	450 VETERANS MEMORIAL PKWY 7A	EAST PROVIDENCE	RI	02914

Treasurer Name	Street Address	City	State	Zip
JAMES J. BELLIVEAU	450 VETERANS MEMORIAL PWY 7A	EAST PROVIDENCE	RI	02914

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

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	Date
JAMES J. BELLIVEAU	3.3.2025

Signature of Authorized Representative

FILED

APR 28 2025

BY 12451

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: 12/2023