

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree Providence, RI 02904-261 401.222.304

2009

ubject to a penalty fee of \$25.	00.	ation failing or refusing to file its ann	····			
1. Corporate ID No.	2. Name of Corpo					
94067		Paul E. Cote Incorporated				
3. Street Address Principal Business Office			City	State	Zip	
1678 East Main Rd., Unit 7			Portsmouth	RI	02871	
i. Business Phone No.		5. State of Incorporation	•			
(508) 677-46		Rhode Islan	nd			
S. Brief Description of the Cha		ed in Rhode Island				
roofing and	construction			NAME DEFORE HOLDS A	TOTA CITATENITE	
	ESSES OF THE OFFIC	CERS: ("X" BOX FOR ATTA	. Vice President Name	PACES BEFORE USING A	TIACHMENTS	
President Name						
Paul E. Cote			Roger Cote			
Street Address			Street Address			
255 Elm St.			976 Hancock St.			
City	State	Zip	City	1		
Somerset	MA.	02726	Fall River	1MA	02721	
Secretary Name			Treasurer Name Jason G. Viveiros			
Cheryl Cote						
Street Address			Street Address  221 Prescott Dr.			
255 Elm St.						
Chy	State	Zip	City	State MA	02726	
Somerset	MA	02726	Somerset			
3. NAMES AND ADDRI	ESSES OF THE DIREC	CTORS: ("X" BOX FOR ATI		SPACES BEFORE USING	Allachmenis	
Director Name			Director Name			
Paul E. Cote			Roger Cote Street Address			
Street Address			<u>.</u>			
255 Elm St.			976 Hancock St.			
City	State	Zψ	City P. 11 D.	State	Zip 0.2.7.2.1	
Somerset	MA	02726	Fall River	MA MA	02721	
Director Name			Director Name			
None			None			
Street Address			Street Address			
<del></del>	To: 1	700	City	State	Zip	
City	State	Zip	City	Situe		
		l	10 CHARES ISSUED	("X" BOX FOR ATTACH	 !MENT') □	
). SHARES AUTHORIZ	,ED		_	TION MUST BE COMPLETED	ME117)	
			Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of			Number of Shares	CHASS/SCITES	Tur vanc	
State. Changes require an additional filing. See Section 9 of			100	C	No Don	
instruction sheet.			100	Common	No Par	
1 000	Common	No nor				
1,000	Common	No par				
This report must be exc	ecuted on behalf of th	e corporation by an authorize	ed representative. If the co	orporation is in the hands	of a receiver or truster	
this report must be exe	cuted on behalf of the	corporation by the receiver	or trustee.			
			Under penalty of n	erjury, 1 declare and affirm th	ant I have examined this r	
				mpanying schedules and stat		
			contained herein a		······································	
FILED			10.05	Color	11,110	
File Date			- unc	<u>Cry</u>	1/14/09	
JAN 1 6 2009			Signature		Date	
Check No.			Paul E. Co	te		
By <i>Y</i> }	10		Print or Type Name			
Ву:		_				
			President			

Title