



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 62461		2. Name of Corporation Netcoh Sales Co. Inc.		
3. Street Address Principal Business Office 1301 Jefferson Blvd.			City Warwick	State RI
			Zip 02886	
4. Business Phone No. 401-739-9008		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Sales - Fasteners + Adhesives				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Sam Netcoh		Vice President Name Carol Netcoh		
Street Address 30 Fashion Dr		Street Address 30 Fashion Dr		
City Warwick	State RI	Zip 02886	City Warwick	State RI
Secretary Name Carol Netcoh		Treasurer Name Sam Netcoh		
Street Address 30 Fashion Dr		Street Address 30 Fashion Dr		
City Warwick	State RI	Zip 02886	City Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name N/A		Director Name N/A		
Street Address N/A		Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A
Director Name N/A		Director Name N/A		
Street Address N/A		Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A
9. SHARES AUTHORIZED 1,000 comm NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
		Number of Shares	Class/Series	Par Value
		NONE		

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.

File Date **1-06-2010**
Check No. **23141**
By: **mnc**
FOR SECRETARY OF STATE USE ONLY

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.

Signature **Sam A. Netcoh** Date **1-5-10**
Print or Type Name **Sam A. Netcoh**
Title **President**