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

A. Ralph Mollis, Secretary of Sta
Corporations Divisio
148 W. River Stre
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.	2. Name of Corporation
4961	Henry J. Coupe Associates,Inc.

3. Street Address Principal Business Office	City	State	Zip
345 Narragansett Bay Avenue	Warwick	RI	02889

4. Business Phone No.	5. State of Incorporation
(401) 737-8689	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island

Mechanical Engineering

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Henry J. Coupe, Jr.	Janet M. Coupe
Street Address: 345 Narragansett Bay Avenue	Street Address: 345 Narragansett Bay Avenue
City: Warwick, State: RI, Zip: 02889	City: Warwick, State: RI, Zip: 02889
Secretary Name: Janet M. Coupe	Treasurer Name: Henry J. Coupe, Jr.
Street Address: 345 Narragansett Bay Avenue	Street Address: 345 Narragansett Bay Avenue
City: Warwick, State: RI, Zip: 02889	City: Warwick, State: RI, Zip: 02889

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Janet M. Coupe
Signature *Date*

JANET M. COUPE 1/19/2010
Print or Type Name

File Date 1-20-2010
Check No. 11510
By: mnc

FOR SECRETARY OF STATE USE ONLY

44203-15-473697

[redacted]