

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(ec'rd)) is

subject to a penalty fee of \$25.00.	. ,				
1. Corporate ID No. 97275	2. Name of Corporation Coken Mechanical, Inc.				
3. Street Address Principal Business Office 275 WEST NATICK ROAD, SUITE 200			City Warwick	State RI	^{Ζιμ} 02886
4. Business Phone No. 4015355000 5. Male of Incorporation Rhode Island					
6. Brief Description of the Character of TO ENGAGE IN ALL ASPEC			NG BUSINESS		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN S	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Elaine S. Barone			:	<u>,</u>	
Street Address 275 WEST NATICK ROAD, SUITE 200			Stroet Address		
<i>Warwick</i>	State RI	71p 02886	City	State	Ζίμ
Secretary Name Elaine S. Barone			Treasurer Name Elaine S. Barone		
Street Address 275 WEST NATICK ROAD, SUITE 200			Street Address 275 WEST NATICK ROAD, SUITE 200		
City Warwick	State RI	Ζψ 02886	City Warwick	state RI	7/p 02886
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	A <i>CHMENT)</i> 🔲 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Director Name Elaine S. Barone			Director Name		
Street Address			Street Address		
275 WEST NATICK ROAD, SUITE 200					
City:	State	Zip	Сиу	State	Zip
Warwick Director Name	J RI	02886	Director Name		
The Colon Marie			in the state of th		
Street Address			Street Address		
City	State	Ζψ	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
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.			100	Common	No Par
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This report must be executed				orporation is in the hand	Is of a receiver or trustee,
this report must be executed of	on behalf of the corpo	oration by the receiver	or trustee.		
					that I have examined this report atements, and that all statement
00	1010]	contained herein to	re true and correct.	arements, and that an statement
File Date J-8-	2010	THE PERSON NAMED IN COLUMN TO SERVICE AND	Ylan). Daron	2-26-10
MAT	502		Signature		Date
Check No	7 <i>U</i> 2		Elaine S. Barone		
1. M	nna		Print or Type Name		
By:		_	President		
FOR SECRETARY OF STA	ATE USE ONLY	-	Title		
		•			Ensw 620 Day 08/08