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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 2011

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
000004394	Cogen's Inc.

3. Street Address Principal Business Office	City	State	Zip
1 Virginia Avenue	Providence	RI	02905

4. Business Phone No.	5. State of Incorporation
401-421-4436	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Commerical Printers - Retail Announcements

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

President Name	Vice President Name
Jaime Ira Cohen	
Street Address	**Street Address**
15 Pinsonnault Lane	
City / State / Zip	**City / State / Zip**
North Attleboro / MA / 02760	
Secretary Name	**Treasurer Name**
Jaime Ira Cohen	Jaime Ira Cohen
Street Address	**Street Address**
15 Pinsonnault Lane	15 Pinsonnault Lane
City / State / Zip	**City / State / Zip**
North Attleboro / MA / 02760	North Attleboro / MA / 02760

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

Director Name	Director Name
Jaime Ira Cohen	
Street Address	**Street Address**
15 Pinsonnault Lane	
City / State / Zip	**City / State / Zip**
North Attleboro / MA / 02760	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	A	0
9,000	B	0

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]

FILED

File Date FEB 15 2011

Check No.

By: BY 20793

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date* 2/10/11

JAIME IRA COHEN
Print or Type Name

President
Title

59211-18-596372

Form 630 Rev. 08/08