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 2012

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. 94067	*2. Name of Corporation* Paul E. Cote Incorporated
3. Street Address Principal Business Office 1678 East Main Rd., Unit 7	*City* Portsmouth; *State* RI; *Zip* 02871
4. Business Phone No. (508) 677-4614	*5. State of Incorporation* Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island roofing and construction	

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

President Name Paul E. Cote	*Vice President Name* Roger Cote
Street Address 255 Elm St.	*Street Address* 976 Hancock St.
City Somerset; *State* MA; *Zip* 02726	*City* Fall River; *State* MA; *Zip* 02721
Secretary Name Cheryl Cote	*Treasurer Name* Cheryl Cote
Street Address 255 Elm St.	*Street Address* 255 Elm St.
City Somerset; *State* MA; *Zip* 02726	*City* Somerset; *State* MA; *Zip* 02726

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

Director Name Paul E. Cote	*Director Name* Roger Cote
Street Address 255 Elm St.	*Street Address* 976 Hancock St.
City Somerset; *State* MA; *Zip* 02726	*City* Fall River; *State* MA; *Zip* 02721
Director Name None	*Director Name* None
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*
100	Common	No Par

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.

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* 1/19/12

Paul E. Cote
Print or Type Name

President
Title

FILED
File Date JAN 2 0 2012
Check No. 10748
By: BY
FOR SECRETARY OF STATE USE ONLY

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