



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |  |                    |                     |     |
|---|-------|--|--------------------|---------------------|-----|
| 1. Entity ID No.<br><b>154750</b>   |       | 2. Exact name of the limited liability company<br><b>COEN ENTERPRISES, LLC</b>   |                    |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE DEVELOPMENT/MANAGEMENT COMPANY</b> |                    |                     |     |
| 5. Principal office address<br><b>C/O Peter D'Orsi, CPA, 33 College Hill Rd., Suite 15-B</b>  |       | City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |                    |                     |     |
| Contact Name<br><b>Giuseppe Coen</b>  |       | Contact Title<br><b>Manager</b>  |                    |                     |     |
| Street Address<br><b>c/o Peter D'Orsi, CPA, 33 College Hill Rd., Suite 15-B</b>   |       | City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02886</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                    |                     |     |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                    |                     |     |

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File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**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 of Authorized Person Giuseppe Coen Date \_\_\_\_\_  
 Print or Type Name of Authorized Person **Giuseppe Coen**