



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 4394		2. Exact name of the Corporation Cogen's, Inc.			
3. Principal office address 1 Virginia Avenue			City Providence	State RI	Zip 02905
4. Business Phone No. 401-421-4436		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Commercial Printers - Retail Announcements					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jaime Ira Cohen			Vice-President Name		
Street Address 15 Pinonnault Lane			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Jaime Ira Cohen			Treasurer Name Jaime Ira Cohen		
Street Address 15 Pinonnault Lane			Street Address 15 Pinonnault Lane		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jaime Ira Cohen			Director Name		
Street Address 15 Pinonnault Lane			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			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.

File Date _____

Check No _____

By: _____

FILED

FEB 25 2013

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.

Jaime Ira Cohen 2/14/13
 Signature of Authorized Representative Date

Jaime Ira Cohen, President
 Print or Type Name of Authorized Representative

By *[Signature]*
CR # 1092