



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** 2014

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. <u>149162</u>		2. Exact name of the Corporation <u>Cotnoir Construction Co.</u>		
3. Principal office address <u>4 John Ave.</u>		City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
4. Business Phone No. <u>401-762-2766</u>		5. State of Incorporation <u>R.I.</u>		
6. Brief description of the character of business conducted in Rhode Island <u>General Construction &amp; Remodling</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Eugene R. Cotnoir</u>		Vice-President Name <u>Therese M. Cotnoir</u>		
Street Address <u>4 John Ave.</u>		Street Address <u>4 John Ave.</u>		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>N. Smithfield</u>	State <u>RI</u>
Secretary Name <u>Therese M Cotnoir</u>		Treasurer Name <u>Therese M. Cotnoir</u>		
Street Address <u>same</u>		Street Address <u>same</u>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>None</u>		Director Name <u>None</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>None</u>		Director Name <u>None</u>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <u>100 - 14 par</u>		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
		<u>None</u>		

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.

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

DEC 30 2013

1853

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.

Eugene R. Cotnoir  
 Signature of Authorized Representative

12/27/13  
 Date

Eugene R. Cotnoir President  
 Print or Type Name of Authorized Representative