

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.

	JLURE TO F	ILE THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PE	NALTY FEE.		
1. Entity ID No.	2. Exact na	2. Exact name of the Corporation					
43086	Coutu	Coutu-Padula Business Services, Inc.					
3. Principal office address			City	State	Zip		
173 Cassandra Lane			North Kingsto	own RI	02852		
4. Business Phone No. 401-294-4928			5. State of Incorporation Rhode Island				
Brief description of the chara	cter of busines	s conducted in Rhode Island	d				
Provides bookkeep	ing, techn	ology, and marketi	ing services to c	ompanies			
7-LIST ALL OFFICERS (NAM	IES AND ADD	RESSES) ("X" BOX EQR A	LIACHMENT)				
President Name			Vice-President Name				
Cindy L. Padula			Gary S. Padula				
Street Address			Street Address				
173 Cassandra Lane			173 Cassandra Lane				
City	State	Zip	City	State	Zip		
North Kingstown	RI	02852	North Kingsto	own RI	02852		
Secretary Name Gary S. Padula			Treasurer Name Cindy L. Padula				
Street Address			Street Address				
173 Cassandra Lane			173 Cassandra Lane				
North Kingstown	State RI	^{Zip} 02852	North Kingsto		^{Zip} 02852		
8. LIST <u>all</u> directors (na	MES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)				
Director Name Cindy L. Padula			Director Name Gary S. Padula				
Street Address			[Street Address				
173 Cassandra Lane			173 Cassandra Lane				
City	State	Zip	City	State			
North Kingstown	RI	02852	North Kingsto	own RI	02852		
Director Name			Director Name				
Street Address			Street Address	- 10-70			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)		
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		
			100	Common	None		
This report must be executed o	n behalf of the	corporation by an authorize	d representative. If the c	corporation is in the hand	ds of a receiver or trustee,		

the report made of expedica on benan of the	o corporation by the receiver of trustee.
FILED THE PROPERTY OF STATE USE ONLY 218504	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized Representative Cindy L. Padula, President
Form No. 630 Revised: 01/2012	Print or Type Name of Authorized Representative