RI SOS Filing Number: 201436657440 Date: 03/03/2014 4:00 PM

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.: 4420	2. Exact name of the Corporation: COLEEN ENTERPRISES, INC		
3. Principal office address: 17 ROCKYCREST RD.	City: CUMBERLAND	State: RI	Zip: 02864
4. Business Phone No.: (401)-333-9233	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: BUYING, MAINTAINING, SELLING OF REAL ESTATE			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: LORRAINE T. DYKAS			Vice-President Name:		
Street Address: 17 ROCKYCREST RD.			Street Address:		
City: CUMBERLAND	State: RI	Zip: 02864.	City:	State:	Zip:
Secretary Name: COLEEN D. O'BRIEN.			Treasurer Name: COLEEN D. O'BRIEN.		
Street Address: 11 OXFORD COURT			Street Address: 11 OXFORD COURT.		
City: BELLINGHAM	State: MA.	Zip: 02019.	City: BELLINGHAM	State: MA.	Zip: 02019.

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: LORRAINE T. DYKAS			Director Name: COLEEN D. O'BRIEN		
Street Address: 17 ROCKYCREST RD.			Street Address: 11 OXFORD CT.		
City: CUMBERLAND	State: RI	Zip: 02864	City: BELLINGHAM	State: MA.	Zip: 02019.
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED 2000, COMMON, NO PAR.

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500.	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.

File Date ____________ FILED

Check No ____________ MAR [illegible]

By: ____________

FOR SECRETARY OF STATE USE ONLY 1021

[signature] 2/27/14.
Signature of Authorized Representative — Date

LORRAINE T. DYKAS, PRES.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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