



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. 293564		2. Exact name of the Corporation J.M. COULL, INC.			
3. Principal office address 20 POWDER MILL ROAD			City MAYNARD	State MA	Zip 01754
4. Business Phone No. 978-461-0330			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION MANAGEMENT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANDREW A. COULL			Vice-President Name		
Street Address 20 POWDER MILL ROAD			Street Address		
City MAYNARD	State MA	Zip 01754	City	State	Zip
Secretary Name ROBERT M. HENNESSY			Treasurer Name ROBERT M. HENNESSY		
Street Address 20 POWDER MILL ROAD			Street Address 20 POWDER MILL ROAD		
City MAYNARD	State MA	Zip 01754	City MAYNARD	State MA	Zip 01754
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANDREW A. COULL			Director Name ROBERT M. HENNESSY		
Street Address 20 POWDER MILL ROAD			Street Address 20 POWDER MILL ROAD		
City MAYNARD	State MA	Zip 01754	City MAYNARD	State MA	Zip 01754
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	
200		COMMON		NO PAR	

SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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A.A. 11:34 A.M.

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.

Richard Gilfoyle
 Signature of Authorized Representative

1/27/14
 Date

Richard Gilfoyle
 Print or Type Name of Authorized Representative