



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 **2015**

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. 798973		2. Exact name of the Corporation COYNE MECHANICAL, INC.			
3. Principal office address 347 TOURTELLOT HILL ROAD			City CHEPACHET	State RI	Zip 02814
4. Business Phone No. 401-447-7996			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island PIPEFITTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TIMOTHY COYNE			Vice-President Name TIMOTHY COYNE		
Street Address 347 TOURTELLOT HILL ROAD			Street Address 347 TOURTELLOT HILL ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name TIMOTHY COYNE			Treasurer Name TIMOTHY COYNE		
Street Address 347 TOURTELLOT HILL ROAD			Street Address 347 TOURTELLOT HILL ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
			1000	COMMON	NPV

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

Handwritten: JAN 20 2015
1415

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.

Signature: [Handwritten Signature]
 Signature of Authorized Representative _____ Date **1-15-15**
TIMOTHY COYNE
 Print or Type Name of Authorized Representative