



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000516990		2. Name of Corporation Complete Coverage, Inc.			
3. Street Address Principal Business Office 83 Sumner Street			City Brockton	State MA	Zip 02301
4. Business Phone No. 508-328-5780		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General contracting					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Veronesi			Vice President Name Robert Lennox		
Street Address 83 Sumner Street			Street Address 83 Sumner Street		
City Brockton	State MA	Zip 02301	City Brockton	State MA	Zip 02301
Secretary Name David Veronesi			Treasurer Name David Veronesi		
Street Address 83 Sumner Street			Street Address 83 Sumner Street		
City Brockton	State MA	Zip 02301	City Brockton	State MA	Zip 02301
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			2000 common shares no par value		

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
JAN 23 2015

BY 4926

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 _____ Date 1/13/15

Robert Lennox
Print or Type Name

Vice President
Title

File Date _____

Check No. _____

By: _____

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