



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

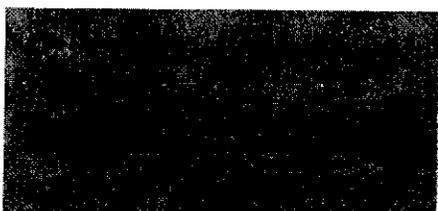
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 4413		2. Exact name of the Corporation COLE CABINET CO., INC.			
3. Principal office address 530 WELLINGTON AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. (401) 467-4343			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island CABINET MAKER					
President Name EUGENE R. ORSI			Vice-President Name EUGENE R. ORSI		
Street Address 35 GILCREST AVENUE			Street Address 35 GILCREST AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name EUGENE R. ORSI			Treasurer Name EUGENE R. ORSI		
Street Address 35 GILCREST AVENUE			Street Address 35 GILCREST AVENUE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name NONE			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
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
			600	COMMON	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.



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.

Eugene R. Orsi
 Signature of Authorized Representative

2/13/2015
 Date

EUGENE R. ORSI

FILED

Print or Type Name of Authorized Representative

FEB 17 2015

BY 28781