



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 2013

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. 87181		2. Exact name of the Corporation COOP ENTERPRISES, INC.			
3. Principal office address 53 Skunk Hill Road			City Hope Valley	State RI	Zip 02832
4. Business Phone No. (401) 539-7072			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the business of general heavy equipment.					
President Name Vincent C. Koczkodan			Vice-President Name Robert Stanley		
Street Address 53 Skunk Hill Road			Street Address 53 Skunk Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Vincent C. Koczkodan			Treasurer Name Vincent C. Koczkodan		
Street Address 53 Skunk Hill Road			Street Address 53 Skunk Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Vincent C. Koczkodan			Director Name Robert Stanley		
Street Address 53 Skunk Hill Road			Street Address 53 Skunk Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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 1000	CLASS/SERIES Common	PAR VALUE 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.

Vincent C. Koczkodan
Signature of Authorized Representative

2-16-15
Date

Vincent C. Koczkodan, President

Print or Type Name of Authorized Representative

FILED
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