



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. 38371		2. Exact name of the Corporation Cosco, Inc.			
3. Principal office address 707 PARK EAST DRIVE		City WOONSOCKET	State RI	Zip 02895	
4. Business Phone No. 4017650009		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island GENERAL FENCE BUILDING, CONSTRUCTION, REPAIR, REPLACEMENT, FENCES, BARRIERS, GUARD RAILS, PERFORMING CONTRACTS/SUBCONTRACTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Ann Marie Costantino			Vice-President Name David Costantino		
Street Address 75 Hazard Avenue			Street Address 75 Hazard Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name David Costantino			Treasurer Name Ann Marie Costantino		
Street Address 75 Hazard Avenue			Street Address 75 Hazard Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			100	Common	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.

File Date

Check No. **64031**

By:

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 04 2015

BY **26/3826**

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 of Authorized Representative

Date

Ann Marie Costantino

Print or Type Name of Authorized Representative