



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 2016

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) <input type="checkbox"/>					
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) <input type="checkbox"/>					
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) <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	
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.

FILED
 FEB 12 2016
 File Date

BY: M 67655
 Check No

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Ann Marie Costantino
 Signature of Authorized Representative

Date 2-8-16

Ann Marie Costantino

Print or Type Name of Authorized Representative