

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.		ame of the Corporation	MARION OF WILL BE	III A 923.00 PEN	MALITICE.	
000051972		COHEN HEATING & SUPPLY COMPANY, INC.				
3. Principal office address 38 BATH STREET			City PROVIDENCE	State RI	Zip 02908	
4. Business Phone No.			5. State of Incorporation RHODE ISLAND			
6. Brief description of the char PLUMBING AND HEA		ss conducted in Rhode Islar	nd			
FLORIDING AND REA	IING					
President Name ALLAN D COHEN			Vice-President Name			
Street Address 14 KINGFISHER DRIV	Æ		Street Address	<u> </u>		
COVENTRY	State RI	Zip 02816	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name						
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	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing.			100	COMMON	NO PAR VALUE	
See Section 9 of instruction s	sheet.	-				
This report must be executed	on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hands	of a receiver or trustee	
	this report mu	st be executed on behalf of	the corporation by the i	eceiver 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.

FILED

Signature of Authorized Representative

AUAN COKEN

AUAN COKEN

W 16L 15156

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative