State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
116220	**COUGHLIN HOME INSPECTIONS**

3. Principal Office Address	City	State	Zip
1 MAGUIRE PLACE	**EXETER**	**RI**	**02822**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental anc	**TO CONDUCT HOME INSPECTIONS**
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **KEVIN M COUGHLIN**			Vice-President Name **KEVIN M COUGHLIN**		
Street Address **1 MAGUIRE PLACE**			Street Address **1 MAGUIRE PLACE**		
City **EXETER**	State **RI**	Zip **02822**	City **EXETER**	State **RI**	Zip **02822**
Secretary Name **KEVIN M COUGHLIN**			Treasurer Name **KEVIN M COUGHLIN**		
Street Address **1 MAGUIRE PLACE**			Street Address **1 MAGUIRE PLACE**		
City **EXETER**	State **RI**	Zip **02822**	City **EXETER**	State **RI**	Zip **02822**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **KEVIN M COUGHLIN**			Director Name **NONE**		
Street Address **1 MAGUIRE PLACE**			Street Address		
City **EXETER**	State **RI**	Zip **02822**	City	State	Zip
Director Name **NONE**			Director Name **NONE**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**600**	**COMMON**	**NO PAR**
Changes require an additional filing.			

11. 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.

Name of Authorized Representative	Date
KEVIN M COUGHLIN	1-7-17

Signature of Authorized Representative: Kevin Coughlin

FILED
JAN 09 2017
By 2462

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov