



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.

FILED

JAN 23 2017 *2*

BY 111927

1. Entity ID Number 00005003		2. Exact name of the Corporation Coventry Lumber, Inc.			
3. Principal Office Address 2030 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Sale of Building Materials			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William D. Finnegan			Vice-President Name Michael R. Durand		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name William D. Finnegan			Treasurer Name Michael R. Durand		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		25		Common	No Par Value
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 William D. Finnegan					Date 1/18/2017
Signature of Authorized Representative <i>William D. Finnegan</i> PRESIDENT					

MAIL TO:
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