



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 <b>94067</b>		2. Exact name of the Corporation <b>Paul E. Cote Incorporated</b>												
3. Principal Office Address <b>1678 East Main Rd., Unit 7</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>									
4. Business Phone Number <b>(508) 962-3372</b>			5. State of Incorporation <b>Rhode Island</b>											
6. Brief description of the character of business conducted in Rhode Island <b>roofing and construction</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Paul E. Cote</b>			Vice-President Name <b>Roger Cote</b>											
Street Address <b>255 Elm St.</b>			Street Address <b>976 Hancock St.</b>											
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>									
Secretary Name <b>Christopher Cote</b>			Treasurer Name <b>Cheryl Cote</b>											
Street Address <b>255 Elm St.</b>			Street Address <b>255 Elm St.</b>											
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Paul E. Cote</b>			Director Name <b>Roger Cote</b>											
Street Address <b>255 Elm St.</b>			Street Address <b>976 Hancock St.</b>											
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721</b>									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>100</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par</b>			
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<b>100</b>	<b>Common</b>	<b>No Par</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>Paul E. Cote</b>				Date <b>1/31/17</b>										
Signature of Authorized Representative <span style="float: right;">SIGN DOCUMENT HERE</span>														

**FILED**

**FEB 03 2017**

BY 11305  
KW

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

FORM 630 - Revised: 05/2016