



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 000051972		2. Exact name of the Corporation COHEN HEATING & SUPPLY COMPANY, INC.			
3. Principal Office Address 38 BATH STREET		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island PLUMBING AND HEATING			
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 ALLAN D COHEN		Vice-President Name			
Street Address 14 KINGFISHER DRIVE		Street Address			
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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
		100	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 ALLAN D COHEN				Date Feb, 7, 2017	
Signature of Authorized Representative <i>Allan Cohen</i>				FILED FEB 10 2017 <i>DL</i>	

MAIL TO:
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