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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

| 1. Entity ID Number   | ' '                |                                      |                      |                    |   |                            |  |  |
|---|--------------------|--------------------------------------|----------------------|--------------------|---|----------------------------|--|--|
| 000051972   | COHEN HE           | COHEN HEATING & SUPPLY COMPANY, INC. |                      |                    |   |                            |  |  |
| 3. Principal Office Address 38 BATH STREET  | ·                  |                                      |                      | City PROVIDENCE    |   | Zip<br><b>02908</b>        |  |  |
| 1. NAICS Code   | 6. Brief desc      | ription of the chara                 | cter of business cor | ducted in Rhode Is | land                                    |                            |  |  |
| 42 - Wholesale Trade  | PLUMBING           | PLUMBING AND HEATING                 |                      |                    |   |                            |  |  |
| 5. State of Incorporation RHODE ISLAND  |                    |                                      |                      |                    |   |                            |  |  |
| 7. List ALL officers (names a   | and addresses)     |                                      |                      |                    | he box to i                             | indicate an attachment 🗌   |  |  |
| President Name ALLAN D Co   | OHEN               |                                      | Vice-President N     | ame                |   |                            |  |  |
| Street Address 14 KINGFISH  | Street Address     |                                      |                      |                    |   |                            |  |  |
| City COVENTRY   | State RI           | <sup>Zip</sup> 02816                 | City                 |                    | State                                   | Zip                        |  |  |
| Secretary Name  | <u> </u>           | <u> </u>                             | Treasurer Name       | Treasurer Name     |   |                            |  |  |
| Street Address  |                    |                                      | Street Address       |                    |   |                            |  |  |
| City  | State              | Zip                                  | City                 |                    | State                                   | Zip                        |  |  |
| 3. List ALL directors (names  | and addresses)     |                                      |                      | Check 1            | he box to                               | indicate an attachment     |  |  |
| Director Name   |                    |                                      | Director Name        |                    |   | · .                        |  |  |
| Street Address  |                    |                                      | Street Address       |                    |   |                            |  |  |
| Dity  | State              | Zip                                  | City                 |                    | State                                   | Zip                        |  |  |
| Director Name   |                    |                                      | Director Name        |                    |   |                            |  |  |
| Street Address  |                    |                                      | Street Address       |                    |   |                            |  |  |
| City  | State              | Zip                                  | City                 | - MATE 1           | State                                   | Zip                        |  |  |
| 3. Shares Authorized  |                    | 10. Shares Is                        | ssued (              |                    | Check the box to indicate an attachment |                            |  |  |
| 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 rustee, this report must be executed the second report must be executed as |                    |                                      |                      |                    | ation is in                             | the hands of a receiver of |  |  |
| Under penalty of perjury, I<br>statements, and that all st  | declare and affirm | that I have examin                   | ned this report, inc | luding any accom   | panying s                               | schedules and              |  |  |
| Name of Authorized Repres   |                    |                                      |                      | •••                | Date                                    |                            |  |  |
| ALLAN D COHEN   |                    |                                      |                      |                    | Act                                     | 1,2017                     |  |  |
| Signature of Authorized Rep   | resentative        |                                      | landohen             | 1 61               |   | a                          |  |  |

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov