



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>94068</b>		2. Exact name of the Corporation <b>Coley, Inc.</b>							
3. Principal Office Address <b>Ten Smith Avenue</b>				City <b>Greenville</b>		State <b>RI</b>		Zip <b>02828</b>	
4. NAICS Code <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>Purchase, sale, leasing and renting of real estate, construction and sale of residential and commercial</b>							
5. State of Incorporation <b>Rhode Island</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>Lionel Delos</b>				Vice-President Name <b>Lionel Delos</b>					
Street Address <b>24 Rustic Acres Drive</b>				Street Address <b>24 Rustic Acres Drive</b>					
City <b>Chepachet</b>		State <b>RI</b>		Zip <b>02814</b>		City <b>Chepachet</b>		State <b>RI</b> Zip <b>02814</b>	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State		Zip		City		State Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>									
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 <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.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				1000		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. <i>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.</i>									
Name of Authorized Representative <b>Lionel Delos</b>							Date <b>2-7-17</b>		
Signature of Authorized Representative 							SIGN DOCUMENT HERE		

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

**FILED**

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