



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2017 JUN - 7 PM 1:53
 R.I. 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 000377903		2. Exact name of the Corporation CODY INC.			
3. Principal Office Address 51 Colonial Ave			City Wanwick	State RI	Zip 02886
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island Retail SALES, online sales, Consignment Sales.			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda J Cody			Vice-President Name Jar T. Cody		
Street Address 51 Colonial Ave.			Street Address 51 Colonial Ave		
City Wanwick	State RI	Zip 02886	City Wanwick	State RI	Zip 02886
Secretary Name Jarred T. Cody			Treasurer Name Linda J. Cody		
Street Address 51 Colonial Ave			Street Address 51 Colonial Ave		
City Wanwick	State RI	Zip 02886	City Wanwick	State RI	Zip 02886
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
			1000	CNP	0.
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 Linda J Cody					Date 06-07-2017
Signature of Authorized Representative <i>Linda J Cody</i>					SIGN DOCUMENT HERE

FILED

JUN 07 2017

BY **305434** 1:55

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