



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

Annual Report for the year: 2018
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 000106425		2. Exact name of the Corporation COWESETT BUILDERS INC (236115)			
3. Principal Office Address 37 PLEASANT VIEW AVE			City GREENVILLE	State RI	Zip 02828
4. NAICS Code 23 - CONSTRUCTION		6. Brief description of the character of business conducted in Rhode Island HOME BUILDERS, REMODELING AND REPAIRS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD R ZELANO			Vice-President Name RICHARD R ZELANO		
Street Address 37 PLEASANT VIEW AVE			Street Address 37 PLEASANT VIEW AVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name RICHARD R ZELANO			Treasurer Name RICHARD R ZELANO		
Street Address 37 PLEASANT VIEW AVE			Street Address 37 PLEASANT VIEW AVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
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/SERIFS	PAR VALUE
			200	COMMON	NO PAR
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 RICHARD R ZELANO				Date 01/01/2018	
Signature of Authorized Representative SIGN DOCUMENT HERE FILED <i>BS</i>					

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

JAN 02 2018

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