



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

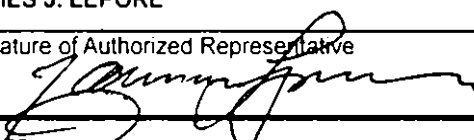
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FOR
FILING
ONLY

→ 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 4401		2. Exact name of the Corporation COIA & LEPORE, LTD.			
3. Principal Office Address 226 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island LAW FIRM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES J. LEPORE			Vice-President Name GEORGE L. SANTOPIETRO		
Street Address 226 SOUTH MAIN STREET			Street Address 226 SOUTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name SHERI M. LEPORE			Treasurer Name SHERI M. LEPORE		
Street Address 226 SOUTH MAIN STREET			Street Address 226 SOUTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
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 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.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			250	COMMON	NO PAR
			250	COMMON	\$1.00
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 JAMES J. LEPORE					Date 1/18/18
Signature of Authorized Representative  SIGN DOCUMENT HERE FILED					

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

BY

JAN 22 2018

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FORM 630 - Revised: 10/2017