State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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	2. Exact name of the Corporation
94067	Paul E. Cote Incorporated

3. Principal Office Address	City	State	Zip
1678 East Main Rd., Unit 7	Portsmouth	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238160	roofing and construction
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Paul E. Cote	255 Elm St.	Somerset	MA	02726

Vice-President Name	Street Address	City	State	Zip
Roger Cote	976 Hancock St.	Fall River	MA	02721

Secretary Name	Street Address	City	State	Zip
Christopher Cote	255 Elm St.	Somerset	MA	02726

Treasurer Name	Street Address	City	State	Zip
Cheryl Cote	255 Elm St.	Somerset	MA	02726

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Paul E. Cote	255 Elm St.	Somerset	MA	02726

Director Name	Street Address	City	State	Zip
Roger Cote	976 Hancock St.	Fall River	MA	02721

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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	Date
Paul E. Cote	1/25/18

Signature of Authorized Representative: Paul E. Cote

SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY 11447 05

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

FORM 630 - Revised: 10/2017