RI SOS Filing Number: 201859316100 Date: 2/26/2018 4:00:00 PM

Due 2/23

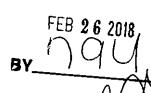
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

- → Filing period January 1 March 1
- → Filing Fee: \$50 00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

w	カセク
	FILED



1 Entity ID Number	2 Exact name of the Corporation										
000005003	i	COVENTRY LUMBER, INC.									
3. Principal Office Address	COVENTRI		IOMBER, INC.	City			State	Zip			
1 '	מגסמ זודני			· ·	πρ√		RI	02816			
2030 NOOSENECK I		ILL ROAD COVENTRY RI 02816  Brief description of the character of business conducted in Rhode Island									
	o Brief description	b Brief description of the character of dusiness conducted in Knode Island									
444190											
State of Incorporation											
RI BUILDING MATERIAL SALES											
7 List ALL officers (names and addresses) Check the box to indicate an attachment											
President Name				Vice-President Name							
WILLIAM D. FINNEGAN				SEAN FINNEGAN							
Street Address				Street Address							
2030 NOOSENECK I	*		<u>.                                    </u>	2030 NOOSENECK HILL ROAD							
City	State	Zıp		• • • • • • • • • • • • • • • • • • •		State		Zip			
COVENTRY	RI	0	2816	COVENTRY RI				02816			
Secretary Name		Treasurer Name									
KERRI FINNEGAN					WILLIAM D. FINNEGAN						
Street Address				Street Address							
2030 NOOSENECK I	HILL ROAD			2030 NOOSENECK HILL ROAD							
City	State	Zıp	I	City		State		Zıp			
COVENTRY	RI 02816		COVENTRY   RI		RI	02816					
8 List ALL directors (names and	l addresses)				Che	ck the box	to indica	ate an attachment			
Director Name D					Director Name						
Street Address				Street Address							
City	State Zip			City		State		Zıp			
Director Name				Director Name							
Street Address				Street Address							
City	State	e Zıp		City State		State	Zip				
9 Shares Authorized	es Authorized 10 Shai			Check the box to indicate an attachment							
This information is currently of record in the NUMBER OF SH				HARES CLASS/SERIES PAR VALUE							
Department of State.			25	COMMON			No Par Value				
Changes require an additional filing.											
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.											
N)		A	105 12pm	<b></b>			2	/14/18			
Signature of Authorized Representative											
WILLIAM D. FINNEGAN											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov