

Due 2/23

State of Rhode Island and Providence Plantations
Department of State - Business Services Division**FILED**Annual Report for the year: 2018
Corporation

FEB 26 2018

BY

794

- 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 000005003		2 Exact name of the Corporation COVENTRY LUMBER, INC.			
3 Principal Office Address 2030 NOOSENECK HILL ROAD			City COVENTRY	State RI	Zip 02816
4 NAICS Code 444190	6 Brief description of the character of business conducted in Rhode Island BUILDING MATERIAL SALES				
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name WILLIAM D. FINNEGAN			Vice-President Name SEAN FINNEGAN		
Street Address 2030 NOOSENECK HILL ROAD			Street Address 2030 NOOSENECK HILL ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name KERRI FINNEGAN			Treasurer Name WILLIAM D. FINNEGAN		
Street Address 2030 NOOSENECK HILL ROAD			Street Address 2030 NOOSENECK HILL ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8 List ALL directors (names and addresses) Check the box to indicate an attachment					
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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 25		CLASS/SERIES COMMON
			PAR VALUE No Par Value		
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 WILLIAM D. FINNEGAN					Date 2/14/18

MAIL TO:

Division of Business Services

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