



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 38371		2. Exact name of the Corporation Cosco, Inc.			
3. Principal Office Address 707 PARK EAST DRIVE		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island GENERAL FENCE BUILDING, CONSTRUCTION, REPAIR, REPLACEMENT, FENCES, BARRIERS, GUARD RAILS, PERFORMING CONTRACTS/SUBCONTRACTS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann Marie Costantino			Vice-President Name David Costantino		
Street Address 75 Hazard Avenue			Street Address 75 Hazard Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name David Costantino			Treasurer Name Ann Marie Costantino		
Street Address 75 Hazard Avenue			Street Address 75 Hazard Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 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 <input type="checkbox"/>		
			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 Ann Marie Costantino					Date 2-23-18
Signature of Authorized Representative 					

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

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 FEB 27 2018 *OR*

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