



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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Annual Report for the year: 2017
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 000563741		2. Exact name of the Corporation Coast and Harbor Associates, Incorporated			
3 Principal Office Address 7 Kimball Lane, Suite D			City Lynnfield	State MA	Zip 01940
4 NAICS Code 541618 541611 541612 541690		6. Brief description of the character of business conducted in Rhode Island Project management firm, assisting public, private, and institutional owners to manage the design and construction of their facilities.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marcella A. Lancome			Vice-President Name Claude G. Lancome		
Street Address 7 Kimball Lane, Suite D			Street Address 7 Kimball Lane, Suite D		
City Lynnfield	State MA	Zip 01940	City Lynnfield	State MA	Zip 01940
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State N	Zip	City	State	Zip
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized			10 Shares Issued 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.			NUMBER OF SHARES		CLASS/SER.E'S
			PAR VALUE		
none					
none					
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 Marcella A. Lancome				Date April 11, 2018	
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

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