

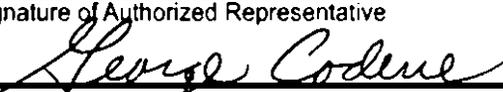


Department of State - Business Services Division

Annual Report for the year: **2015**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
 RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 AUG - 7 PM 3:42

1. Entity ID Number 000046021		2. Exact name of the Corporation Coderre Drywall, Inc.			
3. Principal Office Address 137 Crawford Street			City Woonsocket	State RI	
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island Drywall contractor			
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 George Coderre			Vice-President Name		
Street Address 137 Crawford Street			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			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/SERIES
			100		
			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 George Coderre				Date 06/04/2018	
Signature of Authorized Representative 			FILED		
			SIGN DOCUMENT AUG 07 2018		

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

BY HL 336488
 4:04