



Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATION DIV
 2018 AUG -7 PM 3:41

Annual Report for the year: 2011 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 000046021 | | 2. Exact name of the Corporation Coderre Drywall, Inc. | | | |
| 3. Principal Office Address 137 Crawford Street | | | City Woonsocket | State RI | Zip 02895 |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative George Coderre | | | | Date 06/04/2018 | |
| Signature of Authorized Representative <i>George Coderre</i> | | | | FILED SIGN DOCUMENT HERE 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 156 336482
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