



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2001**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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

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			
		PAR VALUE			
		100			
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 <i>George Coderre</i> SIGN DOCUMENT HERE BY KL 336480 3150					

MAIL TO:
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