



**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATION DIV  
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**Annual Report for the year: 1995 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 <b>000046021</b>		2. Exact name of the Corporation <b>Coderre Drywall, Inc.</b>				
3. Principal Office Address <b>137 Crawford Street</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	
4. NAICS Code <b>238310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Drywall contractor</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>George Coderre</b>			Vice-President Name			
Street Address <b>137 Crawford Street</b>			Street Address			
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	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 VAL JF	
		<b>100</b>				
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 <b>George Coderre</b>				Date <b>06/04/2018</b>		
Signature of Authorized Representative <i>George Coderre</i>				<b>FILED</b> AUG 07 2018 SIGN DOCUMENT HERE BY <i>KL 336480</i> 3:44		