



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

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.

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 SECRETARY OF STATE
 CORPORATION 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 VAL JF	
		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>				FILED AUG 07 2018 SIGN DOCUMENT HERE BY <i>KL 336480</i> 3:44		

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