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CORPORATIONS DIV
2018 DEC 20 2:12:19



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

Annual Report for the year: 2018
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 <u>000150296</u>		2. Exact name of the Corporation <u>Cole & Rainey Inc</u>	
3. Principal Office Address <u>163 S. Woody Hill Rd</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Rental Real Estate</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>JAMES R Cole JR</u>		Vice-President Name <u>WAYNE M Rainey</u>	
Street Address <u>163 S. Woody Hill Rd</u>		Street Address <u>4 MAY DR</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>JAMES R Cole JR</u>		Treasurer Name <u>WAYNE M Rainey</u>	
Street Address <u>163 S. Woody Hill Rd</u>		Street Address <u>4 MAY DR</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>2000</u>	<u>STK</u>
			<u>\$0.000</u>
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 <u>JAMES R Cole JR</u>			Date <u>12-20-18</u>
Signature of Authorized Representative 			

FILED
SIGN DOCUMENT

DEC 20 2018
BY KL D80SM
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