

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

Phone: (401) 222-3040

Website: www.sos.n.gov

2018

 → Filing period: January 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		iled by April 1.				ATE ATE	
Entity ID Number	2. Exact name of the Corporation						
000 150296	Cole	Cole & Rainey INC City State Zip					
Principal Office Address		/	City		State	Zip	
163 S. Woo	by Hill	Rd	Wes7	reily	RI	02891	
4. NAICS Code	6. Brief descript	ion of the character	of business co	nducted ^r in Rhode Isl	and		
531110	Rental Real Estate						
5. State of Incorporation							
RI	<u></u>						
7. List ALL officers (names and ac	dresses)				he box to ind	icate an attachment	
President Name JAMES R Cole JR			Vice-President Name WAYNE M RAWEY				
Street Address 1635- Woody Hill Rd			Street Address / WAY DE				
City Westerly	State	21p 02891	City 4	stery	State	Zip 02891	
Secretary Name			Treasurer Name				
FAMES R COLE JK			WAGNE M RATINEY				
163 S. Woody HALLE			Street Address 4 MMY DR				
city Westuly	State PI	Zip 6289 /	city we	sterly,	State	Zıp	
8. List ALL directors (names and a	addresses)	•	<u></u>	/ Check t	he box to ind	licate an attachment 🔲	
Director Name			Director Name	/			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name	1	1	Director Name			- J	
Street Address			Street Address				
Ch. ICtoto I7:0			ICO ICO				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue		Check t	he box to ind	icate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER OF SH	LARES	CLASS/SERIES		PAR VALUE	
		7,000	STK		\$0.000		
Changes require an additional filing	g.						
11. This report must be executed	on behalf of the co	propration by an aut	horized represe	ntative. If the corpor	ation is in the	e hands of a receiver or	
trustee, this report must be execu	ted on behalf of th	e corporation by the	receiver or tru	stee.			
Under penalty of perjury, I decided				cluding any accom	panying sch	edules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
JAMES R. CULE, TR 12-20-18							
Signature of Authorized Represer			FILE	1	1 6	10	
		SIGN DOCU	يا هي المجال المرابع ال	<i>i</i> 9			
	///		DEC 2 0 20	118			
MAIL TO: Division of Business Services							
148 W. River Street, Providence, Rhoo	le Island 02904-2615	5 \ /	1 /	RASM			

FORM 630 - Revised: 10/2017