



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

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 CORPORATIONS DIV

Annual Report for the year: 2018
Corporation

2019 FEB 11 PM 12:43

- 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 001676947		2. Exact name of the Corporation Conesco Storage Systems, Inc.			
3. Principal Office Address 15660 E. Hinsdale Drive			City Centennial	State CO	Zip 80112
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island We installed warehouse racking that a customer in Rhode Island purchased from us			
5. State of Incorporation Colorado					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles E. Hodges			Vice-President Name None		
Street Address 15660 E. Hinsdale Dr.			Street Address		
City Centennial	State CO	Zip 80112	City	State	Zip
Secretary Name None			Treasurer Name Robert K. Green		
Street Address			Street Address 15660 E. Hinsdale Dr.		
City	State	Zip	City Centennial	State CO	Zip 80112
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
		None		None	None
		None		None	None
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 Charles E. Hodges					Date 1/14/19
Signature of Authorized Representative <i>Charles E. Hodges</i>					FILED

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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A.A. 12:44pm.