



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

STAMP

Annual Report for the year: **2019**
 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 00008718		2. Exact name of the Corporation COOP ENTERPRISES, INC.			
3. Principal Office Address 53 Skunk Hill Road			City Hope Valley	State RI	Zip 02832
4. NAICS Code 532412		6. Brief description of the character of business conducted in Rhode Island To engage in the business of general heavy equipment.			
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 Vincent C. Koczkodan			Vice-President Name Robert Stanley		
Street Address 53 Skunk Hill Road			Street Address 53 Skunk Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Vincent C. Koczkodan			Treasurer Name Vincent C. Koczkodan		
Street Address 53 Skunk Hill Road			Street Address 53 Skunk Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vincent C. Koczkodan			Director Name Robert Stanley		
Street Address 53 Skunk Hill Road			Street Address 53 Skunk Hill Road		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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 VALUE
		1000		Common	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 Vincent C. Koczkodan, President				Date 2/17/2019	
Signature of Authorized Representative FILED					

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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