



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 000004393		2. Exact name of the Corporation Frank P. Cofone Agency, Inc.			
3. Principal Office Address 26 Westminster Street			City Westerly	State RI	Zip 02891
4. NAICS Code 531210	6. Brief description of the character of business conducted in Rhode Island Real Estate				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Frank P. Cofone			Vice-President Name Frank P. Cofone		
Street Address 26 Westminster Street			Street Address 26 Westminster Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Frank P. Cofone			Treasurer Name Frank P. Cofone		
Street Address 26 Westminster Street			Street Address 26 Westminster Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Frank P. Cofone			Director Name None		
Street Address 26 Westminster Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000.00		No par value
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 Frank P. Cofone, President					Date 2/20/19
Signature of Authorized Representative <i>Frank P. Cofone / Pres</i> SIGN DOCUMENT HERE.					

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

FILED

FEB 25 2019

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FORM 630 - Revised: 10/2017