RI SOS Filing Number: 201988293150 Date: 3/7/2019 4:00:00 PM

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	2. Exact name of the Corporation		
94068	**Coley, Inc.**		
3. Principal Office Address	City	State	Zip
Ten Smith Avenue	**Greenville**	**RI**	**02828**
4. NAICS Code: **531110**	6. Brief description of the character of business conducted in Rhode Island: **Purchase, sale, leasing and renting of real estate, constructions and sale of residential and commercial**		
5. State of Incorporation: **Rhode Island**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Lionel Delos**			Vice-President Name: **Lionel Delos**		
Street Address: **24 Rustic Acres Drive**			Street Address: **24 Rustic Acres Drive**		
City: **Chepachet**	State: **RI**	Zip: **02814**	City: **Chepachet**	State: **RI**	Zip: **02814**
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
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**	**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	Date
Lionel Delos	1-15-19

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 07 2019
BY: 14235

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

FORM 630 - Revised: 10/2017