



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 MAR 28 AM 10:19

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 53535		2. Exact name of the Corporation Corey Enterprises, Inc.			
3. Principal Office Address 206 PINE ST			City PAWTUCKET	State R.I	Zip 02860
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Management services and consulting auto parts industry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANKLIN J. COREY			Vice-President Name JOHN F BAILEY		
Street Address 38 RESERVOIR ST			Street Address SAME		
City NORTH ATTLEBORO	State MA	Zip 02760	City	State	Zip
Secretary Name JOHN F BAILEY			Treasurer Name FRANKLIN J. COREY		
Street Address 114 GREENWICH AVE			Street Address SAME		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000		\$ 1.00
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 Franklin J. Corey				Date 3/28/2019	
Signature of Authorized Representative Franklin J. Corey				FILED MAR 28 2019 BY Mompuy AA:	

MAIL TO:
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 Website: www.sos.ri.gov