

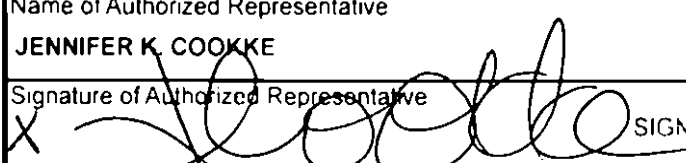


Department of State - Business Services Division

Annual Report for the year: **2020**
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 001673419		2. Exact name of the Corporation F.H. FRENCH CO., INC.					
3. Principal Office Address c/o JOSEPH RAHEB, 650 GEORGE WASHINGTON HWY.		City LINCOLN		State RI	Zip 02865		
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT AND CONSTRUCTION					
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 JENNIFER K. COOKKE			Vice-President Name NONE				
Street Address 23 BRIDGHAM FARM ROAD			Street Address				
City RUMFORD	State RI	Zip 02915	City	State	Zip		
Secretary Name JENNIFER COOKKE			Treasurer Name JENNIFER K. COOKKE				
Street Address 23 BRIDGHAM FARM ROAD			Street Address 23 BRIDGHAM FARM ROAD				
City RUMFORD	State RI	Zip 02915	City RUMFORD	State RI	Zip 02915		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name JENNIFER K. COOKKE			Director Name NONE				
Street Address 23 BRIDGHAM FARM ROAD			Street Address				
City RUMFORD	State RI	Zip 02915	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
			205			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 JENNIFER K. COOKKE					Date 1/14/2020		
Signature of Authorized Representative 					SIGN DOCUMENT FILED		

JAN 30 2020
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