



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

FILED

MAR 05 2020

BY

2870 DS

- 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<br><b>000798973</b>   |   | 2. Exact name of the Corporation<br><b>COYNE MECHANICAL, INC.</b>   |                        |
| 3. Principal Office Address<br><b>347 TOURTELLOT HILL ROAD</b>  |   | City<br><b>CHEPACHET</b>  | State<br><b>RI</b>     |
|   |   | Zip<br><b>02814</b>   |                        |
| 4. NAICS Code<br><b>238990</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>PIPEFITTING</b> |   |                        |
| 5. State of Incorporation<br><b>RI</b>  |   |   |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                        |
| President Name<br><b>TIMOTHY COYNE</b>  |   | Vice-President Name<br><b>TIMOTHY COYNE</b>   |                        |
| Street Address<br><b>347 TOURTELLOT ROAD</b>  |   | Street Address<br><b>347 TOURTELLOT HILL ROAD</b>   |                        |
| City<br><b>CHEPACHET</b>  | State<br><b>RI</b>  | City<br><b>CHEPACHET</b>  | State<br><b>RI</b>     |
| Zip<br><b>02814</b>   |   | Zip<br><b>02814</b>   |                        |
| Secretary Name<br><b>TIMOTHY COYNE</b>  |   | Treasurer Name<br><b>TIMOTHY COYNE</b>  |                        |
| Street Address<br><b>347 TOURTELLOT ROAD</b>  |   | Street Address<br><b>347 TOURTELLOT HILL ROAD</b>   |                        |
| City<br><b>CHEPACHET</b>  | State<br><b>RI</b>  | City<br><b>CHEPACHET</b>  | State<br><b>RI</b>     |
| Zip<br><b>02814</b>   |   | Zip<br><b>02814</b>   |                        |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                        |
| Director Name<br><b>GARY M. COYNE</b>   |   | Director Name<br><b>N/A</b>   |                        |
| Street Address<br><b>34 EDGEWOOD ROAD</b>   |   | Street Address  |                        |
| City<br><b>CHEPACHET</b>  | State<br><b>RI</b>  | City  | State                  |
| Zip<br><b>02814</b>   |   | Zip   |                        |
| Director Name<br><b>N/A</b>   |   | Director Name<br><b>N/A</b>   |                        |
| Street Address  |   | Street Address  |                        |
| City  | State   | City  | State                  |
| Zip   |   | Zip   |                        |
| 9. Shares Authorized  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |   | NUMBER OF SHARES  |                        |
|   |   | CLASS/SERIES  |                        |
|   |   | PAR VALUE   |                        |
|   |   | <b>1,000</b>  | <b>COMMON</b>          |
|   |   |   | <b>NPV</b>             |
| 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<br><b>TIMOTHY COYNE</b>   |   |   | Date<br><b>2/11/20</b> |
| Signature of Authorized Representative<br>  |   |   |                        |
| SIGN DOCUMENT HERE  |   |   |                        |