State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 05 2020

BY 2870 DS

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	2. Exact name of the Corporation		
000798973	COYNE MECHANICAL, INC.		
3. Principal Office Address	City	State	Zip
347 TOURTELLOT HILL ROAD	CHEPACHET	RI	02814
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238990	PIPEFITTING		
5. State of Incorporation			
RI			

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

President Name	Street Address	City	State	Zip
TIMOTHY COYNE	347 TOURTELLOT ROAD	CHEPACHET	RI	02814

Vice-President Name	Street Address	City	State	Zip
TIMOTHY COYNE	347 TOURTELLOT HILL ROAD	CHEPACHET	RI	02814

Secretary Name	Street Address	City	State	Zip
TIMOTHY COYNE	347 TOURTELLOT ROAD	CHEPACHET	RI	02814

Treasurer Name	Street Address	City	State	Zip
TIMOTHY COYNE	347 TOURTELLOT HILL ROAD	CHEPACHET	RI	02814

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

Director Name	Street Address	City	State	Zip
GARY M. COYNE	34 EDGEWOOD ROAD	CHEPACHET	RI	02814

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	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	COMMON	NPV

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
TIMOTHY COYNE	2/11/20

Signature of Authorized Representative

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