



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

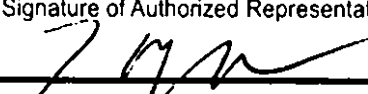
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 05 2020

BY

2870 DS

1. Entity ID Number 000798973		2. Exact name of the Corporation COYNE MECHANICAL, INC.			
3. Principal Office Address 347 TOURTELLOT HILL ROAD			City CHEPACHET	State RI	Zip 02814
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island PIPEFITTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name TIMOTHY COYNE			Vice-President Name TIMOTHY COYNE		
Street Address 347 TOURTELLOT ROAD			Street Address 347 TOURTELLOT HILL ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
Secretary Name TIMOTHY COYNE			Treasurer Name TIMOTHY COYNE		
Street Address 347 TOURTELLOT ROAD			Street Address 347 TOURTELLOT HILL ROAD		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name GARY M. COYNE			Director Name N/A		
Street Address 34 EDGEWOOD ROAD			Street Address		
City CHEPACHET	State RI	Zip 02814	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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 TIMOTHY COYNE					Date 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

FORM 630 - Revised: 10/2017