



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

FILED

Annual Report for the year:
Corporation

2020

MAR 13 2023

BY

3027

- 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 622417		2. Exact name of the Corporation Cooper Consulting, Inc.			
3. Principal Office Address 92 Massasoit Avenue		City Cranston		State RI	Zip 02905
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island Consulting			
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 Elizabeth Cooper			Vice-President Name Elizabeth Cooper		
Street Address 92 Massasoit Avenue			Street Address 92 Massasoit Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Elizabeth Cooper			Treasurer Name Elizabeth Cooper		
Street Address 92 Massasoit Avenue			Street Address 92 Massasoit Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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					
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 <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		Common		\$.01	
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 Elizabeth Cooper				Date 2-25-19	
Signature of Authorized Representative <i>Elizabeth Cooper</i>				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