



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94067		2. Name of Corporation Paul E. Cote Incorporated		
3. Street Address Principal Business Office 1678 East Main Rd., Unit 7		City Portsmouth	State RI	Zip 02871
4. Business Phone No. (508) 677-4614		5. State of Incorporation Rhode Island		6. SIC Code 430
7. Brief Description of the Character of Business Conducted in Rhode Island roofing and construction				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul E. Cote		Vice President Name Roger Cote		
Street Address 255 Elm St.		Street Address 976 Hancock St.		
City Somerset	State MA	Zip 02726	City Fall River	State MA
Secretary Name Paul E. Cote		Treasurer Name Jason G. Viveiros		
Street Address 255 Elm St.		Street Address 221 Prescott Dr.		
City Somerset	State MA	Zip 02726	City Somerset	State MA
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Paul E. Cote		Director Name Roger Cote		
Street Address 255 Elm St.		Street Address 976 Hancock St.		
City Somerset	State MA	Zip 02726	City Fall River	State MA
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000	Common	No Par	100	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date **FILED**  
Check No. **JUL 01 2005**  
By: **Matthew A. Brown**  
FOR SECRETARY OF STATE USE ONLY

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.

**Paul E. Cote** 6/3/05  
Signature of Officer Date  
Paul E. Cote  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94067		2. Name of Corporation Paul E. Cote Incorporated			
3. Street Address Principal Business Office 1678 East Main Rd., Unit 7			City Portsmouth	State RI	Zip 02871
4. Business Phone No. (508) 677-4614		5. State of Incorporation Rhode Island			6. SIC Code 430
7. Brief Description of the Character of Business Conducted in Rhode Island roofing and construction					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul E. Cote			Vice President Name Roger Cote		
Street Address 255 Elm St.			Street Address 976 Hancock St.		
City Somerset	State MA	Zip 02726	City Fall River	State MA	Zip 02721
Secretary Name Paul E. Cote			Treasurer Name		
Street Address 255 Elm St.			Street Address		
City Somerset	State MA	Zip 02726	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul E. Cote			Director Name Cheryl A. Cote		
Street Address 255 Elm St.			Street Address 255 Elm St.		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date JUL 01 2005

Check No. By M 71241

By GAH

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Paul E. Cote

Print or Type Name of Officer

President

Title of Officer

6/3/05

Date



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94067 2. Name of Corporation Paul E. Cote Incorporated  
3. Street Address Principal Business Office 1678 East Main Rd., Unit 7 City Portsmouth State RI Zip 02871  
4. Business Phone No (508) 677-4614 5. State of Incorporation Rhode Island 6. SIC Code 430  
7. Brief Description of the Character of Business Conducted in Rhode Island

roofing and construction

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Paul E. Cote Vice President Name Roger Cote  
Street Address 255 Elm St. Street Address 976 Hancock St.  
City Somerset State MA Zip 02726 City Fall River State MA Zip 02721  
Secretary Name Paul E. Cote Treasurer Name  
Street Address 255 Elm St. Street Address  
City Somerset State MA Zip 02726 City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Paul E. Cote Director Name Cheryl A. Cote  
Street Address 255 Elm St. Street Address 255 Elm St.  
City Somerset State MA Zip 02726 City Somerset State MA Zip 02721  
Director Name None Director Name None  
Street Address Street Address  
City State Zip City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/13/03  
Check No.: 5783  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Paul E. Cote 2/11/03  
Signature of Officer Date

Paul E. Cote  
Print or Type Name of Officer

President

Title of Officer



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AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
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401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
**Filing Period: January 1-March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

94067

2. Name of Corporation

Paul E. Cote Incorporated

3. Street Address Principal Business Office

Hammersmith Farm, Harrison Ave.

City

Newport

State

RI

Zip

02846

4. Business Phone No

(401) 846-7663

5. State of Incorporation

RHODE ISLAND

6. SIC Code

430

7. Brief Description of the Character of Business Conducted in Rhode Island

Roofing + Construction

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Paul E. Cote

Street Address

255 Elm St

City

Somerset

State

MA

Zip

02726

Vice President Name

Roger Cote

Street Address

976 Hancock St

City

Fall River

State

MA

Zip

02724

Secretary Name

Street Address

City

State

Zip

Street Address

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Paul E. Cote

Street Address

255 Elm St

City

Somerset

State

MA

Zip

02726

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 0 6 7 \*

File Date: 3-22-05

Check No.: 4580

By: Kmc

FOR SECRETARY OF STATE USE ONLY

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.

Paul E. Cote 3/1/02  
Signature of Officer Date

Paul E. Cote  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94067** 2. Name of Corporation **Paul E. Cote Incorporated**

3. Street Address Principal Business Office **Hammersmith Farm, Harrison Ave.** City **Newport** State **RI** Zip **02840**  
4. Business Phone No. **(401) 846-7663** 5. State of Incorporation **RHODE ISLAND** 6. SIC **430**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Roofing and Construction**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Paul E. Cote</b>	Vice President Name <b>Roger Cote</b>
Street Address <b>255 Elm St.</b>	Street Address <b>976 Hancock St.</b>
City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>	City <b>Fall River</b> State <b>MA</b> Zip <b>02721</b>
Secretary Name <b>Paul E. Cote</b>	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Paul E. Cote</b>	Director Name <b>Cheryl A. Cote</b>
Street Address <b>255 Elm St.</b>	Street Address <b>255 Elm St.</b>
City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>	City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO</b>	<b>PAR VALUE</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 0 6 7 \*

File Date: **3/2**

Check No.: **3871**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

**Paul E. Cote** **2/27/01**  
Signature of Officer Date

**Paul E. Cote**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94067** 2. Name of Corporation **Paul E. Cote Incorporated**  
3. Street Address Principal Business Office  
**Hammersmith Farm** City **Newport** State **RI** Zip **02840**  
4. Business Phone No. **(508) 677-4614** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0430**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Roofing & Construction**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Paul E. Cote</b> Street Address <b>33 Feno Ct.</b> City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>	Vice President Name <b>None</b> Street Address  City State Zip
Secretary Name <b>Cheryl A. Cote</b> Street Address <b>33 Feno Ct.</b> City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>	Treasurer Name <b>Paul E. Cote</b> Street Address <b>33 Feno Ct.</b> City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Paul E. Cote</b> Street Address <b>33 Feno Ct.</b> City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>	Director Name <b>Cheryl A. Cote</b> Street Address <b>33 Feno Ct.</b> City <b>Somerset</b> State <b>MA</b> Zip <b>02726</b>
Director Name <b>None</b> Street Address  City State Zip	Director Name <b>None</b> Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 0 6 7 \*

File Date: 3/1/00

Check No. 3146

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Paul E. Cote 2/29/00  
Signature of Officer Date

Paul E. Cote  
Print or Type Name of Officer

President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>94067</b>		2. Name of Corporation <b>Paul E. Cote Incorporated</b>	
3. Street Address Principal Business Office <b>Hammersmith Farm Harrison Ave.</b>		City <b>Newport</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 846-7663</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>03840</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>General construction and roofing</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Paul E. Cote</b>		Vice President Name <b>Roger Cote</b>	
Street Address <b>33 Feno Ct.</b>		Street Address <b>976 Hancock St.</b>	
City <b>Somerset</b>	State <b>MA</b>	City <b>Fall River</b>	State <b>MA</b>
Zip <b>02726</b>		Zip <b>02721</b>	
Secretary Name <b>Cheryl Cote</b>		Treasurer Name	
Street Address <b>33 Feno Ct.</b>		Street Address	
City <b>Somerset</b>	State <b>MA</b>	City	State
Zip <b>02726</b>		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Paul E. Cote</b>		Director Name <b>Cheryl A. Cote</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 NO PAR VALUE</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>100</b>	<b>Common</b>	<b>None</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **02-09-99**

Check No.: **2446**

By: **JD. / JV**

FOR SECRETARY OF STATE USE ONLY

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.

**Cheryl Cote** **1/6/99**  
Signature of Officer Date

**Cheryl Cote**  
Print or Type Name of Officer

**Secretary**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

**94067**

2. Name of Corporation

**Paul E. Cote Incorporated**

3. Street Address Principal Business Office

**Hammersmith Farm/Harrison Avenue**

City

**Newport**

State

**RI**

Zip

**02840**

4. Business Phone No.

**(401)846-7663**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

**Roofing and Construction**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

**Paul E. Cote**

Street Address

**33 Feno Court**

City

State

Zip

**Somerset**

**MA**

**02726**

Secretary Name

**Cheryl A. Cote**

Street Address

**33 Feno Court**

City

State

Zip

**Somerset**

**MA**

**02726**

Vice President Name

Street Address

City

State

Zip

Treasurer Name

Street Address

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100**

**Common**

**None**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

**3-2-98**

Check No.:

**1620**

By:

**IVP**

FOR SECRETARY OF STATE USE ONLY

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.

**Cheryl Cote**  
Signature of Officer

**2/28/98**  
Date

**Cheryl A. Cote**  
Print or Type Name of Officer

**Secretary**  
Title of Officer