

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

Filing Period: January 1	- March I. • F		PORT FOR THE	YEAR	
(FORM MUST BE TYPED IN					
I. Corporate ID No.	2. Name of Corpo				
94067	Paul	E. Cote Incorp			
3. Street Address Principal Bus	-	_	City	State	Zip
1678 East Main	Rd., Unit		Portsmouth	RI	02871
4 Business Phone No.		5. State of Incorpora	ation		6. SIC Code
(508) 677-4614		Rhode	Island		430
7. Brief Description of the Cha roofing and co		nducted in Rhode Island			3
8. NAMES AND ADDRES	SSES OF THE OF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Paul E. Cote Street Address		······································	Roger Cote Street Address		
255 Elm St.			976 Hancock	St.	R San
City	State	Zip	City	State	<u> </u>
Somerset Secretary Name	. I . MA	02726	Fall River	MA	. 6 02721
Paul E. Cote			Jason G. Vive	eiros	
Street Address			Street Address	··	
255 Elm St.			· 221 Prescott	Dr.	
City Somerset	State MA	^{Zip} 02726	City Somerset	State MA	^{Zip} 02726
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) TELL IN S	PACES BEFORE USING	VTTACHMENTS
Director Name Paul E. Cote			Director Name Roger Cote		
Street Address			Street Address		Φ
255 Elm St.			976 Hancock S	St.	. 50 3s
City	State	Zip	·City	State	Z _p (1) 2 \(\)
Somerset Director Name	, MA		Fall River	MA	02721
None		/	•		6
Street Address	·· · · · · · · · · · · · · · · · · ·		None -Street Address		
			•		1.5 S. 1.
City	State	Zip	City	State	120 24
10. SHARES AUTHORIZ	ED ("X" BOX FOR.	ATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMENT	7 7
AUTHORIZED SHARES			ISSUED SHARES	DON'T ON THE PROPERTY	/
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 signe	ed in ink by eithe	r the President, Vice	this report, including	ury, I declare and affirm the any accompanying schedu	hat I have examined ules and statements,
	ED		and their all statement	s contained herein arc true	
File Date		-	Signature of Officer		d3)05
Check No.	0 1 2005 —	-	Paul E. Cot	е	
By: 0.1	Thad	_	Print or Type Name of C	Officer	
FOR SECRETARY OF STATE	USE ONLY		President		
		المبا	Title of Officer		Form 630 12/01



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 I ● Fi	ling Fee: \$50.00			
FORM MUST BE TYPED IN					
J. Corporate ID No.	2. Name of Corpor	ation			·
94067	Paul E.	Cote Incorpor	ated		
3. Street Address Principal Bus			City	State	Zip
1678 East Main	Rd., Unit 7		Portsmouth	_ RI	02871
4. Business Phone No.		5. State of Incorporat	ion		6. SIC Code
(508) 677-4614		Rhode	Island		430
7. Brief Description of the Cha		lucted in Rhode Island	· · · · · · · · · · · · · · · · · · ·		<u> </u>
roofing and co	nstruction				٠. ا
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	TAGRMENTS
resident Name	<u> </u>		Vice President Name		
Paul E. Cote	 		· Roger Cote		
Street Address			Street Address	.	2 10.
255 Elm St.			976 Hancock S	t	/ 13
City	State	Zip	City	State	7 0 □ →
Somerset	. ! . MA	02726	Fall River	MA	02721
Paul E. Cote			Treasurer Hame		•
Street Address			* Street Address		
255 Elm St.			•		
Ciny	State	Zip	*City	State	Zip
Somerset	MA	02726	,,		2.0
9. NAMES AND ADDRES	SES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN SP	ACES BEFORE USING A	TTATHMENTS
Director Name	ا برو <u>شیمت شاه رسید به این به در </u>	الم المستحدد	Director Name		O Cim
Paul E. Cote			[Cheryl A. Coto	e	
Street Address			Street Address	·	_=
255 Elm St.			. 255 Elm St.		6
City	State	Zip	·City	State	
Somerset Director Name	. ∫ MÀ		Somerset		92726
None			. None		
reet Address	· · · · · · · · · · · · · · · · · · ·		·Street Address		
	Siate	13.	*		
ity	Sittle	Zıp	City	State	Zip
IO. SHARES AUTHORIZ	FD / VP BOY FOR A	TELCULIENTS		NOV FOR CONTRACTOR	
UTHORIZED SHARES	ED (A BUX FUR A	TIACHMENT)	11. SHARES ISSUED ("X". ISSUED SHARES	BUX FUK ATTACHMENT	",□
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
					
1,000	Common	No Par	100	Common	No Des
2,000	- COLIMOTI	NO TAL	- 100	Common	No Par
			1		
his report must be signe	ed in ink by either	the President Vice I	President, Secretary, Assista	ant Secretary Treasur	ran Racaivan on Truste
				in occretary, rreastin	er, receiver or irasie
			Under penalty of perju-	ry, I declare and affirm th	nat I have examined
		_		ny accompanying schedu	
-	LED		and that all statements	contained herein are true	and correct.
File Date		1	-105G	, , , , , , , , , , , , , , , , , , ,	2108
JUI -	0 1 2005	}	Signature of Officer	<u> </u>	3/05
Check No.		1		De	uic .
By N	17124		Paul E. Cot Print or Type Name of Of		
By:	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	.	rrint or type Name of Of	jicer	
FOR SECRETARY OF STATE	USE ONLY (OA	M	President		
OR SECRETARY OF STATE	ODE ONE!	` - *	Title of Officer		Form 630 12#

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

1,000	Common	No Par	100	Common	No Par
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHOR AUTHORIZED SHARES	IZED (*X* BOX FOR ATTAC	THMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)
Oug-	State	Zıp	City	State	Zıp
None Street Address			None Street Address		
Director Name	rla	02/20	Somerset Director Name	MA	' 02721
Somerset	State MA	^{Zip} 02726	City	State	Zip
255 Elm St.	Ct.ut-	4.4	255 Elm St.		
Street Address			Cheryl A. Cote Street Address		
Director Name Paul E. Cote			Director Name		
	RESSES OF THE DIRE	CTORS ("x" BOX FOR A	TTACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Somerset	MA	02726			•
City	State	Zip	City	State	Zip
Street Address 255 Elm St.			Street Address		
Paul E. Cote					
Secretary Name	IIG	02/20	Treasurer Name	IIA	02121
Somerset	MA	02726	Fall River	MA	^{Zip} 02721
255 Elm St.	State	Ζιρ	976 Hancock St	• State	Zie.
Street Address			Roger Cote Street Address		
President Name Paul E. Cote	ALSSES OF THE OFFIC	LEKS (X BOX FOR ATT)	Vice President Name	BEFORE USING ATTAC	HMENTS
roofing and co	onstruction RESSES OF THE OFFIC	SERE (ave now non-			
(508) 677–4614 Brief Description of the Cha	4 tracter of Business Conducted in	Rhode Rhode	Island		430
4 Business Phone No		5. State of Incorporatio	Portsmouth	RI	02871 6. SIC Cade
3. Street Address Principal Bui 1678 East Mair			City	State	Zip
94067	Paul E.	Cote Incorpora	nted		
I. Corporate ID No.	2 Name of Corporati	on			`
(FORM MUST BE TYPED IN	N BLACK)				

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

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements,
- /10/12	that all statements contained herein are true and correct.
File Date:	10080
<i>C</i> 782	Signature of Officer Date
Check No.:	*
\bigcirc \imath_{Λ}	Paul E. Cote
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
- -	Title of Officer

ales and statements, and d correct. 40 . S Form 630 12/01

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



, renout, junium,	7-14147671 1	Filing Fee: \$30.00			IASTRUC
(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No. 94067	2. Name of Corporat				
3 Street Address Principal Business G	Faul E. Cole	Incorporated	City	State	Zip
Hammers mith 1		11500 AVE.	Newport	RI	02846 6 SIC Code
(401) 846-700 2. Brief Description of the Character of	3 I Business Conducted in	RHODE ISLAND			430
Routing + Cons	struction	CERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTACHN	1ENTS
President Name			Vice President Name		
Paul E. Cote	2_		- Roger Cote		
255 Elm St			976 Hancock	LST	
Sonterset Secretary Name	M A	02,126	FUII RIVE (Treasurer Name	State MA	²¹ ,02734
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" ROX FOR ATT	CHMENT) FILL IN SPACES	BEFORE USING ATTACE	UMENTS
Director Name - 1			Director Name	, DIN ONE CSHO, AT IAC	IIIIIIIIIII
Paule L'ote					
255 Eln) St.			Street Address		
ON CINTON	State	Zip	City	State	Zip
Somerset	MA	· 02726			•
Director Name	-		Director Same	•	
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shates	Class/Series	Par Value
1,000 NO PAR VALUE			100	Coninson	No par

T istee



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 a	and correct.
tal & Go	3/1/02
Signature of Officer	Date
Payl E. Cote	<u> </u>
Printies Type Name of Officer	

Form 630 12/01

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

(FORM MUST BE TYPED IN BLACK)

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

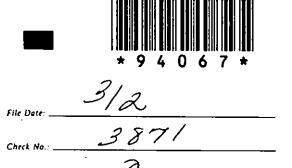
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

STOP PLEASE READ INSTRUCTIONS

2. Name of Corporation Paul E. Cote Incorporated 3. Street Address Principal Business Offic Newport Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 0a7a4 Street Address City City State Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ()23726 Street Address Street Address City Zip City State ZIp 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Number of Shares Class/Series 1,000 NO PAR VALUE

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perfury, I declare and aff	firm that I have examined
this report, including any accompanying s	schedules and statements, and
- thay all septements contained herein are to	rue and correct.
Jul EG	- 2/27/01
Signature of Officer	Date
Paul F. Cote	
Print or Type Name of Officer	
President	
Title of Officer	

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

401-222-3040 STOP

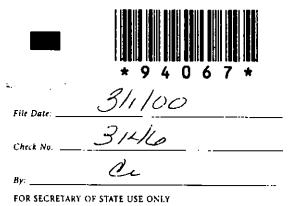
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLA	ick)				
1. Corporate ID No.	2. Name of Corporat	ion			_
94067	Paul E. C	ote Incorporate	ed		
3. Street Address Principal Business	Office		City	State	Zip
Hammersmith Farm	n		Newport	RI	02840
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(508) 677-4614		RHODE ISLA	ND		0430
7. Brief Description of the Characte	r of Business Conducted in	Rhode Island			
Roofing & Constr	cuction				
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
Paul E. Cote			None		
Street Address			Street Address		
33 Feno Ct.					
City	State	Zip	City	State	Zip
Somerset	MA	02726			
Secretary Name			Treasurer Name		
Cheryl A. Cote			Paul E. Cote		
Street Address			Street Address		
33 Feno Ct.			33 Feno Ct.		
City	State	Zip	City	State	Zip
Somerset	MA	02726	Somerset	MA	02726
9. NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES Director Name	S BEFORE USING ATT	ACHMENTS
Paul E. Cote			Cheryl A. Cote		
Street Address			Street Address		
33 Feno Ct.			33 Feno Ct.		
City	State	Zip	City	State	Zip
Somerset	MA	02726	Somerset	MA	02726
Director Name			Director Name		
None		•	None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED (*)	C BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUEL) SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
1,000 NO PAR VAL	.UE		100	Common	No Par

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

President

Title of Officer



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.
Fale later 2/2/01
Signature of Officer Date
Paul E. Cote
Print or Type Name of Officer

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

STOP	Ì
PLEASE READ INSERUCTIONS	l
TAIRCE HELY	ļ

A 4AA	2. Name of Corporati	In a a um a und - I			
94067 3. Street Address Principal Busines		Incorporated	Cin.	£4.4.	
Hammersmith	h Farm Ha	5. State of Incorporation	Newport	State RI	2ip 03840 6 SIC Code
	XO3 er of Business Gonducted in NSF1UCHON - (1	RHODE ISLAND Rhode Island A roofing			•
B. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACHM		BEFORE USING ATTACH	IMENTS
Paul E CO1	le		Roger Cote		
33 Feno Ct	State	Zip	976 Hanco	CK St.	Zip
Somerset Secretary Name	MA	02726	FaiRiver	MA	03721
Chery Core			Street Address		
$-\lambda\lambda$					
33 Feno Ct Somerset	State MA	z.p DA TALO	Cuy	State	Zip
Somerset 9. names and addre		ZIP DATALO CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	State ES BEFORE USING ATTA	<u></u>
Somerset 9. NAMES AND ADDRES DIRECTOR Same HALL E. Constituted address	State MA SSES OF THE DIRE	02726	HMENT) FILL IN SPACE Director Name Oneryl A Street Address		<u></u>
Somerset 9. NAMES AND ADDRES DIRECTOR CAME HAW E. COT Scirect Address Same	State MA SSES OF THE DIRE	02726	HMENT) FILL IN SPACE Director Name OPENAL A	ES BEFORE USING ATTA	<u></u>
Somerset Director Same HAW E. Construct Address Street Address Same	State MA SSES OF THE DIRE LE	DATAG CTORS (*x* box for attac	HMENT) FILL IN SPACE Director Name Cheryl A Street Address Same	es before using attac Cote	CHMENTS
Somerset Somerset Names and addres FAULE Construction Name Same Ottector Name	State MA SSES OF THE DIRE LE	DATAG CTORS (*x* box for attac	HMENT) FILL IN SPACE Director Name Cheryl A Street Address Same City	es before using attac Cote	CHMENTS
Somerset 9. NAMES AND ADDRES Director Same HAW E. Con Street Address Director Name Street Address	State MA SSES OF THE DIRE LE	DATAG CTORS (*x* box for attac	HMENT) FILL IN SPACE Director Name Street Address Same City Director Name	es before using attac Cote	CHMENTS
Somerset 9. NAMES AND ADDRES Director Name FALL E. Con Street Address Ottector Name Street Address City Otto	State MA SSES OF THE DIRE Le State	DATAG CTORS (*X* BOX FOR ATTAC Zip Zip	HMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City	es before using attained to the control of the cont	CHMENTS Zip
Somerset D. NAMES AND ADDRES DIRECTOR Same FALL E. Construct Address City Outector Name Street Address City 10. SHARES AUTHORIZI	State MA SSES OF THE DIRE State State	DATAG CTORS (*X* BOX FOR ATTAC Zip Zip	HMENT) FILL IN SPACE Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (ES BEFORE USING ATTAI Cote State	CHMENTS Zip Zip

Title of Officer

	* 9 4 0 6 7 *
File Date:	02-09-99
Check No	2446
Ву:	<u> </u>
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	nying schedules and statements, and
that all statements contained herei	n are true and correct.
Cherul Cote	116199
Signature of Officer	l Dale
Cheryl Cote	
Print or Type Name of Officer	
Secretary	



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

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PULANE INSTRUC	RIAD HOSS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 94067 Paul E. Cote Incorporated 3. Street Address Principal Business Office City State Z.ip Hammersmith Farm/Harrison Avenue RI 02840 Newport 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** (401)846-7663 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 Vice President Name Paul E. Cote Street Address Street Address 33 Feno Court State Zip City State ZIP Somerset MA 02726 Secretary Name Treasurer Name Cheryl A. Cote Street Address Street Address 33 Feno Court State City State Zip Somerset MA 02726 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State ZipCity State Zip Director Name Director Name Street Address Street Address City State Zip City State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 100 1,000 NO PAR VALUE

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:	3.7.98
Check No.: _	1676
Ву:	IUP
FOR SECRE	TARY 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	<u>2</u> /28/98
Signature of Officer 9	Date
Cheryl A. Cote	
Print or Type Name of Officer	• •
Secretary	
Title of Officer	