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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2020 NOV -5 P 2:42

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 53535 | | 2. Exact name of the Corporation COREY ENTERPRISES INC. | | | |
| 3. Principal Office Address 206 PINE ST | | City PAWTUCKET | State R.I. | Zip 02860 | |
| 4. NAICS Code 541611 | | 6. Brief description of the character of business conducted in Rhode Island MANAGEMENT SERVICES AND CONSULTING AUTO PARTS INDUSTRY | | | |
| 5. State of Incorporation R.I. | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name FRANKLIN J. COREY | | Vice-President Name JOHN F BAILEY | | | |
| Street Address 38 RESERVOIR ST | | Street Address SAME | | | |
| City NORTH ATTLEBORO | State MA. | Zip 02760 | City | State | Zip |
| Secretary Name | | Treasurer Name FRANKLIN J COREY | | | |
| Street Address | | Street Address SAME | | | |
| City | State | Zip | City | State | Zip |
| 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 | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES 1000 | | CLASS/SERIES | PAR VALUE \$1.00 |
| | | | | | |
| 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 Franklin J. Corey | | | | Date 11-5-20 | |
| Signature of Authorized Representative Franklin J. Corey | | | | FILED | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY **COGRE**
A.A.