



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

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.

2020 NOV 10 P 1:13

1. Entity ID Number 000164290		2. Exact name of the Corporation CODE CONSTRUCTION INC												
3. Principal Office Address 3 WINSOR STREET			City GREENVILLE	State RI	Zip 02828-2816									
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island PROJECT CONSULTING AND/OR INSTALLATION OF REBAR, TITLE: 7-1.2-1701												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name CHRISTOPHER A. COTE			Vice-President Name SAME											
Street Address 3 WINSOR STREET			Street Address											
City GREENVILLE	State RI	Zip 02828-2816	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
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 CHRISTOPHER A. COTE			Director Name NONE											
Street Address 3 WINDSOR STREET			Street Address											
City GREENVILLE	State RI	Zip 02828-2816	City	State	Zip									
Director Name NONE			Director Name NONE											
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>\$ 0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	\$ 0.0100			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	COMMON	\$ 0.0100												
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 CHRISTOPHER A. COTE					Date 11-9-2020									
Signature of Authorized Representative 														

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 Ca. GBEDA

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FORM 630 - Revised: 08/2020