



State of Rhode Island

## Department of State - Business Services Division

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2020 NOV 10 P 1:13

Annual Report for the year: 2019

## 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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
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. <b>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.</b>														
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 Ch B B E D A

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FORM 630 - Revised: 08/2020