



State of Rhode Island and Providence Plantations
Department of State – Business Services Division

FILED

ANNUAL REPORT FOR THE YEAR 2021

Corporation

- Filing Period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

JAN 27 2021
BY SWU
QA

1. Corporate ID No 585700		2. Name of Corporation Traffic Signs & Safety, Inc.			
3. Street Address Principal Business Office 70 Ballou Blvd.			City Bristol	State RI	Zip -02809
5. NAICS Code 423990		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sale and rental of traffic safety devices, any ancillary purposes, and all other lawful purposes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas F. Coyne			Vice President Name Jared T. Coyne		
Street Address 70 Ballou Blvd.			Street Address 70 Ballou Blvd.		
City Bristol	State RI	Zip -02809	City Bristol	State RI	Zip -02809
Secretary Name Jared T. Coyne			Treasurer Name Jason T. Coyne		
Street Address 70 Ballou Blvd.			Street Address 70 Ballou Blvd.		
City Bristol	State RI	Zip -02809	City Bristol	State RI	Zip -02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			300 shares common stock of \$.01 par value		

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.

Signature

Date

Thomas F. Coyne

Print or Type Name

President

Title

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