



State of Rhode Island

Department of State - Business Services Division

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.

1. Entity ID Number 94067		2. Exact name of the Corporation Paul E. Cote Incorporated			
3. Principal Office Address 1678 East Main Rd., Unit 7			City Portsmouth	State RI	Zip 02871
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island roofing and construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Paul E. Cote			Vice-President Name Roger Cote		
Street Address 255 Elm St.			Street Address 976 Hancock St.		
City Somerset	State MA	Zip 02726	City Fall River	State MA	Zip 02721
Secretary Name Christopher Cote			Treasurer Name Cheryl Cote		
Street Address 255 Elm St.			Street Address 255 Elm St.		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Paul E. Cote			Director Name Roger Cote		
Street Address 255 Elm St.			Street Address 976 Hancock St.		
City Somerset	State MA	Zip 02726	City Fall River	State MA	Zip 02721
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			Common		
			No Par		
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 Paul E. Cote					Date 1/23/21
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

JAN 28 2021 KM

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FORM 630 - Revised: 08/2020