



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

FILED

STAMP

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

MAR 1 2021

BY 139

1. Corporate ID No 001697787		2. Name of Corporation Golden Inspections, Inc.			
3. Street Address Principal Business Office 18 Maple Avenue, P.O. Box 294			City Barrington	State RI	Zip 02806
4. NAICS Code 541350		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island home inspections					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred P. Cocce, Jr.			Vice President Name		
Street Address 18 Maple Avenue, P.O. Box 294			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Alfred P. Cocce, Jr.			Treasurer Name Alfred P. Cocce, Jr.		
Street Address 18 Maple Avenue, P.O. Box 294			Street Address 18 Maple Avenue, P.O. Box 294		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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
			100 common shares \$.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

Alfred P. Cocce, Jr.

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