



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.

FILED

MAR 05 2021

BY

7349

1. Entity ID Number 4393		2. Exact name of the Corporation Frank P. Cofone Agency, Inc.			
3. Principal Office Address 26 Westminster Street			City Westerly	State RI	Zip 02891
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Frank P. Cofone			Vice-President Name Frank P. Cofone		
Street Address 26 Westminster Street			Street Address 26 Westminster Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Frank P. Cofone			Treasurer Name Frank P. Cofone		
Street Address 26 Westminster Street			Street Address 26 Westminster Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Frank P. Cofone			Director Name None		
Street Address 26 Westminster Street			Street Address		
City Westerly	State RI	Zip 02891	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.			NUMBER OF SHARES		
			CLASS/SERIALS		PAR VALUE
			1,000		No 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.					
Name of Authorized Representative Frank P. Cofone, President				Date 2/26/2021	
Signature of Authorized Representative <i>Frank P. Cofone / President</i>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020