



State of Rhode Island

Department of State - Business Services Division

STAMP

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Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001697787		2. Exact name of the Corporation Golden Inspections, Inc.			
3. Principal Office Address 18 Maple Avenue, P.O. Box 294			City Barrington	State RI	Zip 02806
4. NAICS Code 541350		6. Brief description of the character of business conducted in Rhode Island home inspections			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Alfred P. Cocce, Jr.			Vice-President Name		
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
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. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		10. Shares Issued			
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 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.					
Name of Authorized Representative Alfred P. Cocce Jr				Date 3-22-22	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov