



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

FEB 22 2023

134627 *or*

Annual Report for the year: **2023**

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 000005003		2. Exact name of the Corporation Coventry Lumber, Inc.			
3. Principal Office Address 2030 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. NAICS Code 4411190		8. Brief description of the character of business conducted in Rhode Island Sale of building materials.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William D. Finnegan			Vice-President Name Sean W. Finnegan		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Ryan D. Finnegan			Treasurer Name Kerri A. Finnegan		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William D. Finnegan			Director Name Kerri A. Finnegan		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			123	Common	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 William D. Finnegan				Date 2/15/23	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov