



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE  
2023 APR 26 A 9:59

1. Entity ID Number 000004413		2. Exact name of the Corporation COLE CABINET CO., INC.	
3. Principal Office Address 530 WELLINGTON AVENUE		City CRANSTON	State RI
		Zip 02910	
4. NAICS Code 337110	6. Brief description of the character of business conducted in Rhode Island CABINET MAKER		
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 EUGENE R. ORSI		Vice-President Name EUGENE R. ORSI	
Street Address 100 AUSTIN MEADOWS LANE		Street Address 100 AUSTIN MEADOWS LANE	
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN
			State RI
			Zip 02852
Secretary Name EUGENE R. ORSI		Treasurer Name EUGENE R. ORSI	
Street Address 100 AUSTIN MEADOWS LANE		Street Address 100 AUSTIN MEADOWS LANE	
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOW
			State RI
			Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name NONE		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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES 600	CLASS/SERIES COMMON
			PAR VALUE 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. <b>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.</b>			
Name of Authorized Representative EUGENE R. ORSI		Date 2/22/23	
Signature of Authorized Representative <i>Eugene R Orsi</i>		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

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