



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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
			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. 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 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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