RI SOS Filing Number: 202447395200 Date: 2/26/2024 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 26 2024

BY 137163 DS

STAMP

1. Entity ID Number	2. Exact name of the Corporation		
000005003	**Coventry Lumber, Inc.**		
3. Principal Office Address	City	State	Zip
2030 Nooseneck Hill Road	**Coventry**	**RI**	**02816**
4. NAICS Code **444190**	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation **RI**	**Sale of building materials.**		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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 ☐

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: 2/8/24

Signature of Authorized Representative: President

SIGN DOCUMENT HERE

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: 10/2017