



State of Rhode Island
Department of State - Business Services Division

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**Annual Report for the year: 2024
Corporation**

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

1. Entity ID Number 585700		2. Exact name of the Corporation Traffic Signs & Safety, Inc.			
3. Principal Office Address 70 Ballou Boulevard			City Bristol	State RI	Zip 02809
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Sale and rental of traffic safety devices, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thomas F. Coyne		Vice-President Name Jared T. Coyne			
Street Address 70 Ballou Boulevard		Street Address 70 Ballou Boulevard			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Jared T. Coyne		Treasurer Name Jason T. Coyne			
Street Address 70 Ballou Boulevard		Street Address 70 Ballou Boulevard			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 300	CLASS/SERIES Common Shares	PAR VALUE 0.01 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.					
<i>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.</i>					
Name of Authorized Representative Thomas F. Coyne				Date 4-10-24	
Signature of Authorized Representative <i>Thomas F. Coyne</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

APR 16 2024
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