RI SOS Filing Number: 202452690910 Date: 4/23/2024 4:00:00 PM

State of Rhode Isla Department of S		ess Services I	Division		FII	LED		
Annual Report for the year: 2024 Corporation						APR 23 2024		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					BY // 2235			
1. Entity ID Number		2. Exact name of the Corporation						
000104293	Cook's C	Cook's Overhead Doors, Inc.						
3. Principal Office Address			City		State		Zip	
206 Gooding Avenue			Bristol				02809	
4. NAICS Code	6. Brief descrip	otion of the charact	s conducted in Rhode	Island		•		
212321	To engag	To engage in the business of installing and repairing overhead						
5. State of Incorporation	garage d	garage doors, to perform general repairs and construction of						
Rhode Island	resident	residential and commercial property.						
7. List ALL officers (names and a	ddresses)			Check the	box to indi	cate an a	ttachment 🗆	
President Name Christopher Cook				Vice-President Name Christopher Cook				
Street Address 8 Highland Road				Street Address 8 Highland Road				
^{Clty} Bristol	State RI	^{Zlp} 02809	City Brist	tol	State	RI	^{Zlp} 02809	
Secretary Name Christopher (1	02000	Treasurer I	Treasurer Name Christopher Cook				
Street Address 8 Highland Road				Street Address 8 Highland Road				
^{City} Bristol	State RI	^{Zlp} 02809	City Bristol			State RI Zic		
8. List ALL directors (names and	addresses)		Director Na		box to ind	icate an a	attachment	
Director Name Christopher Cook				None				
Street Address 8 Highland Road				Street Address				
^{City} Bristol	State RI	^{2lp} 02809	City		State		Zip	
Director Name None			Director Name None					
Street Address			Street Address					
City	State	ZIp	City		State		Zip	
9. Shares Authorized		10. Shares Iss				licate an	atlachment 🗆	
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBERO	SHARES	CLASS/SER	uss	No Par		
		1,000		Common				
11. This report must be executed ceiver or trustee, this report must Under penalty of perjury, I decorate and that all states	t be executed on clare and affirm ti	behalf of the corpo hat I have examin	ration by the ed this repo	receiver or trusteg.				
statements, and that all statements contained herein are true and Name of Authorized Representative				Date 4/16/24				
Christopher Cook		,			l	1//		
Signature of Authorized Represe	entativo.					·-··		

Division of Business Services
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Website: www.sos.rl.gov