



FILED

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

APR 24 2024
BY 3407 *DS*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 32871		2. Exact name of the Corporation Cowesett Enterprises, Inc.			
3. Principal Office Address 56 Finch Lane			City Saunderstown	State RI	Zip 02874
4. NAICS Code 23 6115		6. Brief description of the character of business conducted in Rhode Island Speculative home building and contracting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rocco Sammartino			Vice-President Name Rocco Sammartino		
Street Address 56 Finch Lane			Street Address 56 Finch Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Rocco Sammartino			Treasurer Name Rocco Sammartino		
Street Address 56 Finch Lane			Street Address 56 Finch Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rocco Sammartino			Director Name		
Street Address 56 Finch Lane			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		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 Rocco Sammartino				Date 4/16/24	
Signature of Authorized Representative <i>Rocco Sammartino</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov