



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

AUG 13 2024

8791 *or*

- 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 <u>000058535</u>		2. Exact name of the Corporation <u>COREY ENTERPRISES INC</u>			
3. Principal Office Address <u>200 PINE ST</u>			City <u>PAWTUCKET</u>	State <u>R.I</u>	Zip <u>02860</u>
4. NAICS Code <u>541011</u>		6. Brief description of the character of business conducted in Rhode Island <u>SALE AND REPAIR OF AUTO PARTS AND SERVICE REPAIRS ON AUTOMOBILES</u>			
5. State of Incorporation <u>RHODE ISLAND</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>FRANKLIN J. COREY</u>			Vice-President Name <u>JOHN F. BAILEY</u>		
Street Address <u>38 RESERVOIR ST</u>			Street Address <u>114 GREENWICH AVE</u>		
City <u>NO. ATTLEBORO</u>	State <u>MA</u>	Zip <u>02740</u>	City <u>EAST PROV</u>	State <u>RI</u>	Zip <u>02914</u>
Secretary Name <u>JOHN F. BAILEY</u>			Treasurer Name <u>FRANKLIN J. COREY</u>		
Street Address <u>114 GREENWICH AVE</u>			Street Address <u>38 RESERVOIR ST</u>		
City <u>EAST PROV</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>NO. ATTLEBORO</u>	State <u>MA</u>	Zip <u>02740</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>FRANKLIN J. COREY</u>			Director Name		
Street Address <u>38 RESERVOIR ST</u>			Street Address		
City <u>NO ATTLEBORO</u>	State <u>MA</u>	Zip <u>02740</u>	City	State	Zip
Director Name <u>JOHN F. BAILEY</u>			Director Name		
Street Address <u>114 GREENWICH AVE</u>			Street Address		
City <u>EAST PROV</u>	State <u>RI</u>	Zip <u>02914</u>	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	PAR VALUE	
		<u>5000</u>	<u>COMMON</u>	<u>\$1.00</u>	
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 <u>FRANKLIN J. COREY</u>				Date <u>8/6/2024</u>	
Signature of Authorized Representative <u>Frank J. Corey</u>					

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