State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2023
1. Corporate ID No. 000004377
2. Name of Corporation COCLIN TOBACCO CORPORATION
3. Street Address Principal Business Office:
No. and Street: 517 ATWELLS AVENUE
City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02909</u> Country: <u>USA</u>
4. Business Phone No.
5. State of Incorporation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>424940</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
WHOLESALE DISTRIBUTION OF CIGARETTES, TOBACCO, CANDY AND PAPER GOODS
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
PRESIDENT	A D COCLIN		517 ATWELLS AVE		
			PROVIDENCE, RI 02909 USA		
TREASURER	A D COCLIN		517 ATWELLS AVE PROVIDENCE, RI 02909 USA		
SECRETARY	A D COCLIN		517 ATWELLS AVE PROVIDENCE, RI 02909 USA		
. Shares Authorized and	Issued				
Class of Stock	Series of Stock		alue Per nare	Total Authorized	Total Issued and Outstanding
				Shares Number of Shares	Num of Shares
CNP		\$0.	0000	500.00	105
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he corporation is in the	e hands of a receiver e receiver or trustee. ruary, 2023 at 12:53 instrument constitutes of perjury, that this in n, and that the facts st	e corpora or trustee :22 PM. s the affir strument ated here	tion by an e, this rep This elect mation or is that ind	authorized repres ort must be execut ronic signature of the acknowledgement lividual's act and de	entative. If ed on behalf he individual of the eed or the ac
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