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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 315601 (5)

1. Corporation Name
PRU-LESCO, INC.

Principal Place of Business

541 PAWTUCKET AVE
PAWTUCKET RI 02860

Mailing Address

541 PAWTUCKET AVE
PAWTUCKET RI 02860-6046



3. Date Incorporated or Qualified 04/05/1967
3a. Date of Last Report 02/09/1996

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number 05-0314839
Applied For Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COFFEY, ROBERT N	1.2 NAME	
STREET ADDRESS	181 COWESETT GREEN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK, RI 00000	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	COFFEY, JACQUELYN R	2.2 NAME	
STREET ADDRESS	181 COWESETT GREEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK, RI.	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	BOTTICELLO, HENRY	3.2 NAME	FIELDER, WILLIAM
STREET ADDRESS	21 HALLMARK DR	3.3 STREET ADDRESS	5 Jerome Avenue
CITY-ST-ZIP	WARWICK RI	3.4 CITY-ST-ZIP	Warwick, RI 02889
TITLE	VSD	4.1 TITLE	
NAME	DOUMATO, GABRIEL	4.2 NAME	
STREET ADDRESS	64 ALUMNI AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	GOULETTE, GREGORY	5.2 NAME	VIENS, ROBERT
STREET ADDRESS	60 APPLE HOUSE DRIVE	5.3 STREET ADDRESS	1269 North Road
CITY-ST-ZIP	GRANSTON RI	5.4 CITY-ST-ZIP	Dayville, CT 06241
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gabriel Doumato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 (401) 726-8484
Date Daytime Phone

CR2E034 (9/96)