



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 4367		2. Name of Corporation Coastal Plastics, Inc.			
3. Street Address Principal Business Office 35 Mechanic Street			City Hope Valley	State RI	Zip 02832
4. Business Phone No. (401) 539-2446		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Plastic Resin Manufacture and Extruder					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert E. Johnson			Vice President Name David G. Johnson		
Street Address 85 Caswell Street			Street Address 131 Brown Bear Road		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Secretary Name Jane A. Johnson			Treasurer Name		
Street Address 85 Caswell Street			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert E. Johnson			Director Name David G. Johnson		
Street Address 85 Caswell Street			Street Address 131 Brown Bear Road		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Director Name Jane A. Johnson			Director Name		
Street Address 85 Caswell Street			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Comm No Par Value		1,160	Common	No Par

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.

Robert E. Johnson 2/17/08
Signature Date
Robert E. Johnson
Print or Type Name
President
Title

File Date **FILED**
Check No. FEB 08 2008
By: DS-375102
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