



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 2009**

**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. 4072		2. Name of Corporation CHEMICAL COATINGS CORPORATION			
3. Street Address Principal Business Office P.O. Box 6161			City Providence	State RI	Zip 02940
4. Business Phone No. 401-331-9000		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CHEMICAL PRODUCTS, CHEMICAL PROCESSING, ETC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barry Shepard			Vice President Name Adam D. Shepard		
Street Address P.O. Box 6161			Street Address P.O. Box 6161		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
Secretary Name Barry Shepard			Treasurer Name Barry Shepard		
Street Address As above			Street Address As above		
City	State	Zip	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 Adam D. Shepard			Director Name Barry Shepard (Chairman of the Board)		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name Sarah Leach			Director Name		
Street Address P.O. Box 6161			Street Address		
City Providence	State RI	Zip 02940	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
100 COMM NO PARA VALUE			50	COMMON	NO PAR VALUE
			THIS SECTION MUST BE COMPLETED		

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 02 2009</b>
By	<b>By 79313</b>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Barry Shepard Date: 1/23/09

Barry Shepard

Print or Type Name

President

Title