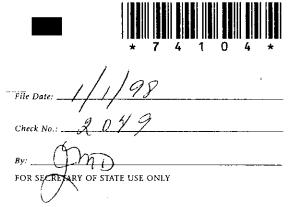


James R. Langevin, Secretary of State
Corporations Division
100 North Main Street Providence, RI 02903-1335 401-277-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	N BLACK)				
74104	2. Name of Corporation QUALITY COATINGS SERVICE, INC.				
3. Street Address Principal B			City	_ State A	Zip
1. Distincts I none ito.	vate Ave i 0706	5. State of Incorporati RHODE ISL	on	nston R.I.	6. SIC Code <b>0257</b>
7. Brief Description of the Cl	naracter of Business Conducted i	23	1 <sup>9</sup> 1- 1		
		Pain	Ting Contractor		
	DRESSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT)		
President Name		11	Vice President Name		,
LOUI	5 6 Saccocció	11		same Inon-	₹
Street Address	1 + to 00		Street Address	/	
1918 Can (Too	5 b Jaccoccio Scituate Aue R-I.	zip Od9+ <b>[</b>	City	State	Zip
Secretary Name	11. 2- 4	OU IF	Treasurer Name		
,	Same		,		
Street Address	<i>J***</i> (**		Street Address		
City	State	Zip	City	State	Zip
•	State  DRESSES OF THE DIRI  Same / Mone	ECTORS ("X" BOX FOR A	ATTACHMENT)	SUME RONE	Zip
9. NAMES AND ADI	ORESSES OF THE DIRI	ECTORS ("X" BOX FOR A	ATTACHMENT)  Director Name		Zip Zip
9. NAMES AND ADI Director Name Street Address	DRESSES OF THE DIRI	ECTORS ("X" BOX FOR A	ATTACHMENT)  Director Name  Street Address	Sume / ROME	
9. NAMES AND ADD Director Name Street Address City	DRESSES OF THE DIRI	ECTORS ("X" BOX FOR A	ATTACHMENT)  Director Name  Street Address  City	Sume / ROME	
9. NAMES AND ADD Director Name Street Address City Director Name	DRESSES OF THE DIRI	ECTORS ("X" BOX FOR A	ATTACHMENT)  Director Name  Street Address  City  Director Name	Sume / ROME	
9. NAMES AND ADD Director Name  Street Address City Director Name  Street Address City	DRESSES OF THE DIRI	ECTORS ("X" BOX FOR A	ATTACHMENT) Director Name Street Address City Director Name Street Address	SUME RONE State	Zip Zip
9. NAMES AND ADD Director Name  Street Address City Director Name Street Address City 10. SHARES AUTHO	State	ECTORS ("X" BOX FOR A	ATTACHMENT) Director Name Street Address City Director Name Street Address City 11. SHARES ISSUE	SUME RONE  State	Zip Zip



Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
12-17-97
Signature of Officer/ Date  LOUIS SACCOCCIO
Print or Type Name of Officer  Prosident
Title of Officer