STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74104**

2. Name of Corporation **QUALITY COATINGS SERVICE, INC.**

3. Street Address Principal Business Office 1418 Scituate Ave

City ~~Cran~~ Cranston *State* R.I. *Zip* 02921

4. Business Phone No. 944 0706

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **0257**

7. Brief Description of the Character of Business Conducted in Rhode Island Painting Contractor

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Louis G Saccoccio II

Street Address 1418 Scituate Ave

City Cranston *State* R.I. *Zip* 02921

Secretary Name same

Street Address

City *State* *Zip*

Vice President Name same / none

Street Address

City *State* *Zip*

Treasurer Name

Street Address

City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name Same / none

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

Director Name same / none

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares *Class/Series* *Par Value*

1,000 SHS NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares *Class/Series* *Par Value*

None

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 4 1 0 4 *

File Date: 1/1/98

Check No.: 2049

By: GMD

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 of Officer *Date* 12-17-97

Louis Saccoccio
Print or Type Name of Officer

President
Title of Officer