

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

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PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	ACK)				THIS TO
1. Corporate ID No. 74104	2. Name of Corporat QUALITY (ion COATINGS SERVI	CE, INC.		
3. Street Address Principal Business	Office		City / +	State 0 +	Zip
1418 Scitvate 4. Business Phone No.		5. State of Incorporati RHODE ISI		KJ	6. SIC Code 0257
944 0706 7. Brief Description of the Characte	7 or of Rusiness Conducted i	n Rhode Island			
7. Brief Description of the Characte	Da. His	KNOWE ISTATION			
Architectual 8. NAMES AND ADDRES President Name			TACHMENT) Vice President Name		
Louis G- Sa	Receio H				
Street Address	^	+ 1	Street Address		
Louis 6 Sa Street Address 1418 Scitual City Cranston	Te Aue Hf	01. ↓ 2ip 01911	City	State	Zip
L_ CAAS 10A Secretary Name	N·4.	00 91	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT)		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED ("X" BOX FOR ATTACHME	_		
AUTHORIZED SHARES			ISSUED SHARES / None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAI	R VALUE				

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 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schodules and statements, and
File Date: 1-30-90	that all statements contained herein are true and correct.
Check No.:	Signature of Officer Date Lavis Saccoccio
Bv: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer