

PROFIT CORPORATION
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 2. NAME OF CORPORATION

74104

QUALITY COATINGS SERVICE, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

RHODE ISLAND

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Residential + commercial painting.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

SECRETARY NAME

TREASURER NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES

ISSUED SHARES

NUMBER OF SHARES

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

CLASS / SERIES

PAR VALUE

1,000 SHS NO PAR VALUE

None

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95