

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

CR 2188
(20)

Corporate ID: 0074104 Annual Report for the year: 94 + 00

Name of Business Entity: Quality Coatings Service, Inc.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1418 Scituate Ave.
Cranston R.I. 02921

Phone: (401) 944-0706

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Louis G Saccoccia II
1418 Scituate Ave
Cranston R.I. 02921

Brief statement of the character of business conducted in Rhode Island:

Architectural painting, commercial
+ residential

Date of Organization: 10/1/93

Date of Qualification to do business in Rhode Island (if foreign entity):

10/1/93*

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)			
<u>Louis G Saccoccia II</u>	<u>1418 Scituate Ave. #2</u>	<u>Cranston R.I.</u>	<u>02921</u>
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)			
☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One)			
☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1000</u>	NUMBER
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>No par value</u>	PAR VALUE OR WITHOUT PAR

Date 12/20, 19 94

By: [Signature]
Louis Saccoccia
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

12/31/94