



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 4072		2. Name of Corporation CHEMICAL COATINGS CORPORATION		
3. Street Address Principal Business Office P.O. Box 6161		City Providence	State RI	Zip 02940
4. Business Phone No. 401-331-9000		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island CHEMICAL PRODUCTS, CHEMICAL PROCESSING, ETC.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Barry Shepard		Vice President Name Adam D. Shepard		
Street Address P.O. Box 6161		Street Address P.O. Box 6161		
City Providence	State RI	Zip 02940	City Providence	State RI
Secretary Name Barry Shepard		Treasurer Name Barry Shepard		
Street Address As above		Street Address As above		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Adam D. Shepard		Director Name Barry Shepard (Chairman of the Board)		
Street Address As above		Street Address As above		
City	State	Zip	City	State
Director Name Sarah Leach		Director Name		
Street Address P.O. Box 6161		Street Address		
City Providence	State RI	Zip 02940	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 50	Class/Series COMMON	Par Value NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date _____
Check No. FEB 06 2012
By <u>84233</u>
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.

Barry Shepard 1/20/12
Signature Date
Barry Shepard
Print or Type Name
President
Title