

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No. 56052		2. Exact name of the Corporation CLASSIC SEAL COATING, INC.				
3. Principal office address 15 Industrial Lane			City Johnston	State RI	Zip 02909	
. Business Phone No. 401-273-6776			5. State of Incorporation RI			
5. Brief description of the cl seal coating of all a		s conducted in Rhode Island S				
7. LIST <u>ALL</u> OFFICERS (1	NAMES AND ADDR	ESSES) ("X" BOX FOR A			ar ar angaragan na	
President Name RUTH PARRILLO			Vice-President Name Ruth Parrillo			
Street Address 15 Industrial Lane			Street Address 15 Industrial Lane			
City Johnston	State RI	Zip 02909	City Johnston	State RI	Zip 02909	
Secretary Name Ruth Parrillo			Treasurer Name Ruth Parrillo			
Street Address 15 Industrial Lane			Street Address 15 Industrial Lane			
City Johnston	State RI	Zip 02909	City Johnston	State R1	Zip 02909	
3. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Ruth Parrillo			Director Name			
Street Address 15 Industrial Lane			Street Address			
City Johnston	State RI	Zip 02909	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	<u> </u>		10 SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
, ounted ad inviden	Proprieta i	1	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		100	Common	no par		
This report must be execu	HED II of the	corporation by an authorize	nd representative. If the	corporation in in the hands	of a receiver or trusts	

File Date FEB 27 2012	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statem		
Check No	and that all statements contained herein are	true and correct.	
By:13300	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	Ruth Parrillo		

Form No. 630 Revised: 01/2012