



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 2013

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(e&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|---------------------------------------------------------------------|------------------------|---------------------------|
| 1. Corporate ID No. 000004367 | | 2. Name of Corporation COASTAL PLASTICS, INC. | | | |
| 3. Street Address Principal Business Office 35 MECHANIC STREET | | | City HOPE VALLEY | State RI | Zip 02832 |
| 4. Business Phone No. 401-539-2446 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island PLASTIC RESIN MANUFACTURER AND EXTRUDER | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name ROBERT E. JOHNSON | | | Vice President Name DAVID G. JOHNSON | | |
| Street Address 185 HAMPTON WAY | | | Street Address 131 BROWN BEAR ROAD | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| Secretary Name JANE A. JOHNSON | | | Treasurer Name | | |
| Street Address 185 HAMPTON WAY | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name ROBERT E. JOHNSON | | | Director Name DAVID G. JOHNSON | | |
| Street Address 185 HAMPTON WAY | | | Street Address 131 BROWN BEAR ROAD | | |
| City WAKEFIELD | State RI | Zip 02879 | City WAKEFIELD | State RI | Zip 02879 |
| Director Name JANE A. JOHNSON | | | Director Name | | |
| Street Address 185 HAMPTON WAY | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State | Zip |
| 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 1160 | 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

JAN 18 2013

File Date _____
 Check No. By JME
 By: Ch # 39659
 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.

Robert E. Johnson 11/7/13
 Signature Date
 ROBERT E. JOHNSON
 Print or Type Name
 PRESIDENT
 Title