



Annual Report for the year: 2018  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                     |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Entity ID Number<br><u>4361</u>                                                                                                                                                                                                                |                    | 2. Exact name of the Corporation<br><u>Coastal Design Corp.</u>                                                                                                     |                          |
| 3. Principal Office Address<br><u>108 Corn Neck Rd.</u>                                                                                                                                                                                           |                    | City<br><u>Block Island</u>                                                                                                                                         | State<br><u>RI</u>       |
| 4. NAICS Code<br><u>5415</u>                                                                                                                                                                                                                      |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>Design &amp; Marketing &amp; Sales of Recreation Items, Art &amp; Accessories</u> |                          |
| 5. State of Incorporation<br><u>RI</u>                                                                                                                                                                                                            |                    | 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment                                                         |                          |
| President Name<br><u>John B Gasner</u>                                                                                                                                                                                                            |                    | Vice-President Name<br><u>Pamela Gasner</u>                                                                                                                         |                          |
| Street Address<br><u>108 Corn Neck Rd.</u>                                                                                                                                                                                                        |                    | Street Address<br><u>SAME</u>                                                                                                                                       |                          |
| City<br><u>Block Island</u>                                                                                                                                                                                                                       | State<br><u>RI</u> | Zip<br><u>02907</u>                                                                                                                                                 | City<br><u>SAME</u>      |
| Secretary Name                                                                                                                                                                                                                                    |                    | Treasurer Name                                                                                                                                                      |                          |
| Street Address                                                                                                                                                                                                                                    |                    | Street Address                                                                                                                                                      |                          |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                                                                 | City                     |
| 8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment                                                                                                                                      |                    | Director Name                                                                                                                                                       |                          |
| Director Name                                                                                                                                                                                                                                     |                    | Director Name                                                                                                                                                       |                          |
| Street Address                                                                                                                                                                                                                                    |                    | Street Address                                                                                                                                                      |                          |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                                                                 | City                     |
| Director Name                                                                                                                                                                                                                                     |                    | Director Name                                                                                                                                                       |                          |
| Street Address                                                                                                                                                                                                                                    |                    | Street Address                                                                                                                                                      |                          |
| City                                                                                                                                                                                                                                              | State              | Zip                                                                                                                                                                 | City                     |
| 9. Shares Authorized                                                                                                                                                                                                                              |                    | 10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment                                                                                  |                          |
| This information is currently of record in the Department of State.                                                                                                                                                                               |                    | NUMBER OF SHARES<br><u>100</u>                                                                                                                                      |                          |
| Changes require an additional filing.                                                                                                                                                                                                             |                    | CLASS/SERIES<br><u>STK</u>                                                                                                                                          | PAR VALUE<br><u>None</u> |
| 11. 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. |                    |                                                                                                                                                                     |                          |
| 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.                                              |                    |                                                                                                                                                                     |                          |
| Name of Authorized Representative<br><u>John B Gasner</u>                                                                                                                                                                                         |                    | Date<br><u>02/18/2018</u>                                                                                                                                           |                          |
| Signature of Authorized Representative<br><u>[Signature]</u>                                                                                                                                                                                      |                    | FILED                                                                                                                                                               |                          |