State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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	2. Exact name of the Corporation			
39904	Industrial & Commercial Finishing, Inc.			
3. Principal Office Address		**City**	**State**	**Zip**
1339 Plainfield Street		Johnston	RI	02919
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
331492	Apply coatings to metal, wood and plastic products.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Ronald A. Patrick, Sr.	1339 Plainfield Street	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Linnea E. Patrick	1339 Plainfield Street	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Linnea E. Patrick	1339 Plainfield Street	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Ronald E. Patrick, Sr.	1339 Plainfield Street	Johnston	RI	02919

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Ronald A. Patrick, Sr.	1339 Plainfield Street	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Linnea E. Patrick	1339 Plainfield Street	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued		Check the box to indicate an attachment ☐
400 no par	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	common	without par value

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	Date
Linnea E. Patrick, Attorney in-fact for Ronald A. Patrick, Sr.	2-16-18

Signature of Authorized Representative: Linnea E Patrick

FILED

FEB 26 2018

BY 3582 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017