



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 39904		2. Exact name of the Corporation Industrial & Commercial Finishing, Inc.			
3. Principal Office Address 1339 Plainfield Street		City Johnston		State RI	Zip 02919
4. NAICS Code 331492	6. Brief description of the character of business conducted in Rhode Island 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 Ronald A. Patrick, Sr.			Vice-President Name Linnea E. Patrick		
Street Address 1339 Plainfield Street			Street Address 1339 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Linnea E. Patrick			Treasurer Name Ronald E. Patrick, Sr.		
Street Address 1339 Plainfield Street			Street Address 1339 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Ronald A. Patrick, Sr.			Director Name Linnea E. Patrick		
Street Address 1339 Plainfield Street			Street Address 1339 Plainfield Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 400 no par Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES		CLASS/SERIES	
		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 Linnea E. Patrick, Attorney in-fact for Ronald A. Patrick, Sr.					Date 2-16-18
Signature of Authorized Representative <i>Linnea E. Patrick</i> FILED					

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

FEB 26 2018

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FORM 630 - Revised: 10/2017