RI SOS Filing Number: 201883242640 Date: 12/26/2018 4:00:00 PM

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

Annual Report for the year: 2019
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			
000068767	Nu-Look Seal Coating Company			
3. Principal Office Address		City	State	Zip
PO Box 17306 / 3 Rocky Hill Rd		Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238990	Asphalt paving & seal coating services.			
5 State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
David B. Harris			David Passarelli		
Street Address			Street Address		
200 Manley Dr			1 Karen Ann Dr		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Smithfield	RI	02917
Secretary Name			Treasurer Name		
(Same as above)			(Same as above)		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
David B. Harris			David Passarelli		
Street Address			Street Address		
200 Manley Dr			1 Karen Ann Dr		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Smithfield	RI	02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	400	Common	NPV

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
David B Harris Pres	12/17/18

Signature of Authorized Representative

FILED

DEC 26 2018

BY 116291 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