



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 000003711		2. Exact name of the Corporation CARROLL COATINGS COMPANY, INC.			
3. Principal Office Address 150 ERNEST STREET		City PROVIDENCE		State RI	Zip 02905
4. NAICS Code 325510		6. Brief description of the character of business conducted in Rhode Island PAINT AND CHEMICAL MANUFACTURING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM JAMES ROOKS			Vice-President Name JOHN S ROOKS		
Street Address 2 CALDER SRIVE			Street Address 56 JENNY'S LANE		
City WARREN	State RI	Zip 02885	City BARRINGTON	State RI	Zip 02806
Secretary Name JOHN S ROOKS			Treasurer Name PAULA H ROOKS		
Street Address 56 JENNY'S LANE			Street Address 2 CALDER DRIVE		
City BARRINGTON	State RI	Zip 02806	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIALS		
			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 JOHN S ROOKS					Date DECEMBER 31, 2018
Signature of Authorized Representative <i>John S. Rooks</i> 12/31/18 SIGN DOCUMENT HERE 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

JAN 02 2019
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BY _____

FORM 630 - Revised: 10/2017