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
000004367	COASTAL PLASTICS, INC.

3. Principal Office Address	City	State	Zip
35 MECHANIC STREET	HOPE VALLEY	RI	02832

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
326199	PLASTIC RESIN MANUFACTURER AND EXTRUDER
5. State of Incorporation: RHODE ISLAND	

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

President Name: ROBERT E. JOHNSON			Vice-President Name: DAVID G. JOHNSON		
Street Address: 45 CLARA DRIVE, APT. #1221			Street Address: 131 BROWN BEAR ROAD		
City: MYSTIC	State: CT	Zip: 06355	City: WAKEFIELD	State: RI	Zip: 02879
Secretary Name: JANE A. JOHNSON			Treasurer Name		
Street Address: 45 CLARA DRIVE, APT. #1221			Street Address		
City: MYSTIC	State: CT	Zip: 06355	City	State	Zip

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

Director Name: ROBERT E. JOHNSON			Director Name: DAVID G. JOHNSON		
Street Address: 45 CLARA DRIVE, APT. #1221			Street Address: 131 BROWN BEAR ROAD		
City: MYSTIC	State: CT	Zip: 06355	City: WAKEFIELD	State: RI	Zip: 02879
Director Name: JANE A. JOHNSON			Director Name		
Street Address: 45 CLARA DRIVE, APT. #1221			Street Address		
City: MYSTIC	State: CT	Zip: 06355	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.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1160	COMMON	NO 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: ROBERT E. JOHNSON — Date: 1/31/19

Signature of Authorized Representative: Robert E. Johnson

FILED
FEB 06 2019
BY 42254

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