



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

(Amended)

1. Corporate ID No. 4361 2. Name of Corporation Coastal Design Corporation

3. Street Address Principal Business Office corn neck Rd. Rhode Island Block Island 02807

4. Business Phone No. 401-466-2033 5. State of Incorporation R.I. 6. SIC Code 5884

7. Brief Description of the Character of Business Conducted in Rhode Island Design & Marketing of Recreational Items - Art & Accessories

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John B. Gasner Vice President Name Pamela L. Gasner

Street Address corn neck Rd. Street Address corn neck Rd.

City Block Island RI 02807 City Block Island RI 02807

Secretary Name Treasurer Name

Street Address Street Address

City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

Director Name none Director Name none

Street Address Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS	NO PAR		51		none

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
NOV 16 2 29 AM '00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

RECEIVED AND FILED

File Date: NOV 16 2000

Check No.: BY

By: FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

John B. Gasner

Print or Type Name of Officer

President

Title of Officer