



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

FILED

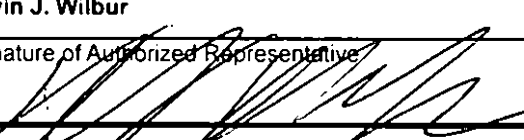
MAY 18 2020

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20797

Annual Report for the year: **2020**
 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 102790		2. Exact name of the Corporation Coastal Corp.			
3. Principal Office Address 35 Tripoli Street			City Providence	State RI	Zip 02909
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Purchase, sale, leasing and renting of real estate, construction and sale of residential and commercial			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin J. Wilbur			Vice-President Name Kevin J. Wilbur		
Street Address 35 Tripoli Street			Street Address 35 Tripoli Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Kevin J. Wilbur			Treasurer Name Kevin J. Wilbur		
Street Address 35 Tripoli Street			Street Address 35 Tripoli Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
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/SERIES	
		1000		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. <i>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.</i>					
Name of Authorized Representative Kevin J. Wilbur					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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