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State of Rhode Island

Department of State - Business Services Division

FILED
FEB 05 2021
BY 4559 DS

Annual Report for the year: 2021

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		
43795	Future Sealcoating Company		
3. Principal Office Address	City	State	Zip
18 Kiwanis Road	West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238910	Sealcoating, parking lots,maintenance.		
5. State of Incorporation			
RI			

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

President Name Thomas Stanley			Vice-President Name Debra Stanley		
Street Address 18 Kiwanis Road			Street Address 18 Kiwanis Road		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Amanda R. Stanley			Treasurer Name Thomas Stanley		
Street Address 18 Kiwanis Road			Street Address 18 Kiwanis Road		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

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

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	50 SHARES	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	Date
Thomas Stanley, President	1-28-21

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov