



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

FEB 19 2021

BY

14041

1. Entity ID Number 3596		2. Exact name of the Corporation Eastern Resins Corp.			
3. Principal Office Address PO Box 1206		City Woonsocket		State RI	Zip 02895
4. NAICS Code 325991		6. Brief description of the character of business conducted in Rhode Island CUSTOM COMPOUNDING PURCHASED EPOXY RESINS AND CURING AGENTS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David A. Viola			Vice-President Name		
Street Address PO Box 1206			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name David A. Viola			Treasurer Name David A. Viola		
Street Address PO Box 1206			Street Address PO Box 1206		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			300	Common	No Par
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 David A. Viola					Date 2/13/21
Signature of Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016