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.

MAR 03 2021
BY 1799

STAMP

List the name of the corporation. The entity name can be verified through the Corporate Database.

1. Entity ID Number	2. Exact name of the Corporation		
1706341	**Custom Coatings, Inc.**		
3. Principal Office Address	City	State	Zip
22 Steel Street	**North Smithfield**	**RI**	**02896**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
~~531120~~ 313320	~~TO OWN AND MANAGE REAL ESTATE~~ LAMINATE AND COAT TEXTILES		
5. State of Incorporation			
Rhode Island			

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

President Name **Gerald P. Casey**			Vice-President Name **Gerald P. Casey**		
Street Address **4258 Albany Street**			Street Address **4258 Albany Street**		
City **Albany**	State **NY**	Zip **12205**	City **Albany**	State **NY**	Zip **12205**
Secretary Name **Gerald P. Casey**			Treasurer Name **Gerald P. Casey**		
Street Address **4258 Albany Street**			Street Address **4258 Albany Street**		
City **Albany**	State **NY**	Zip **12205**	City **Albany**	State **NY**	Zip **12205**

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

Director Name **None**			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

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

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
8000	CWP	.01

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
Gerald P. Casey, President	2/24/2021

Signature of Authorized Representative: Gerald Casey — 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

FORM 630 - Revised: 10/2017