_ RI SOS Fil	0 Date: 3/5	5/2021 4:00:00 F	PM	3				
State of Rhode Island  Department of St	ata Duaina	aa Candaaa I	Division	ল				
$a_{ij}$ is $a$	> <b>₹</b>	ess Services i	DIVISION					
nnual Report for the year: 2021  Sorporation				MAR	. 5 2021			
<ul> <li>→ Filing period: January 1 -</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>		t filed by April 1.		BY L	247	and the second s		
. Entity ID Number			n				=	
000145425		ALCOATING, IN						
Principal Office Address 44 CADORA AVENUE			City WARWICK		State RI	Zip 02886	_	
I. NAICS Code	6. Brief descri	ption of the charac	ter of business co	onducted in Rhode Isl	1 and		_	
812990	TO PROVIDE SEALCOATING AND OTHER SERVICES TO COMMERCIALAND RESIDENTI/							
5. State of Incorporation	CLIENTS.							
RI								
7. List ALL officers (names and a	ddresses)			Check th	ne box to inc	dicate an attachment [	<u></u>	
President Name LARRY GLICK			Vice-President Name SAME					
Street Address 44 CADORA AVENUE			Street Address					
Dity WARWICK	State RI	Zip <sub>02886</sub>	City		State	Zip		
Secretary Name SAME			Treasurer Name SAME					
Street Address		<del></del> ·	Street Address			<del></del>	_	
City	State	Zip	City		State	Zip	_	
s.i.y	Olbic		J.,					
3. List ALL directors (names and addresses)			Check the box to indicate an attachment □					
NONE			Director Name					
Street Address			Street Address					
City	State	Żip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address	Street Address				
City	State	Zip	City		State	Zip	_	
9. Shares Authorized	!	10. Shares Iss	sued	Check t	he box to in	idicate an attachment [	5	
This information is currently of record in the		NUMBER O	F SHARES	CLASS/SERIES		PAR VALUE		
Department of State.		100		CO.MMON		\$1.00		
Changes require an additional filir	ng.							
11. This report must be executed					ration is in the	he hands of a receiver	or	
trustee, this report must be exec Under penalty of perjury, I dec	uted on behalf of	the corporation by	the receiver or tr	ustee.	nanving se	hedules and	_	
statements, and that all staten								
Name of Authorized Representative					Date			

MAIL TO:

LARRY GLICK

Division of Business Services

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 02/09/2021