RI SOS Filing Number: 202101762850 Date: 9/17/2021 4:14:00 PM

AMENDED

State of Rhode Island - \*

Department of State - Business Services Division

Annual Report for the year: 202

2021

→ Filing period January 1 - March 1

→ Filing Fee \$50 00

→ Penalty Additional \$25 00 fee if form is not filed by April 1.



2021 SEP 17 PM 4: 14

		Corporation						
COSTON CONTINUES, INC.						State	Zıp	
ddress STREET			1 ′				02896	
6 Brief description	on of	the character of busi	<u> </u>					
TREATED EARRICG								
RI TREATED FABRICS  7 List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name								
GERALD CASEY				AICE - LEGICELL MALLE				
Street Address				Street Address				
96 CONNOLLY ROAD				Silect Address				
T	Zin		City		State		Zıp	
	"	2019					r	
1 12012			Treasurer Name					
Secretary Name				GERALD CASEY				
Street Address			Street Address					
			96 CONNOLLY ROAD					
State	Zıp		City	<del></del>	State		Zıp	
			BALLS	TON LAKE	NY _		1201 <u>9</u>	
B. List ALL directors (names and addresses)     Check the box to indicate an attachment								
Director Name				Director Name				
Street Address				Street Address				
State Z <sub>I</sub> p		City		State		Zip		
Director Name				Director Name				
Street Address				Street Address				
City State Zip			City		State		Zıp	
					ı	ŀ		
		10. Shares Issued	4.0	00 Che	eck the bo	x to indica	ite an attachment	
9 Shares Authorized This information is currently of record in the		NUMBER OF SE	IARES	CLASS/SER	IES		PAR VALUE	
Department of State.			CWP			01		
filing.								
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 Many Casey							Date 9/14/2021	
Signature of Authorized Representative GERALD CASEY FILED								
	State  St	6. Brief description of  TREATED FA addresses)  State Zip NY 1  State Zip  State Zip  State Zip  I addresses)  State Zip  on behalf of the corpor uted on behalf of the corpor uted on behalf of the codeclare and affirm to the tements contained tive  The Yany	6. Brief description of the character of busing TREATED FABRICS addresses)  State Zip NY 12019  State Zip 10. Shares Issued I record in the Nuvger OF State Village on behalf of the corporation by an authorized uted on behalf of the corporation by the received on the corporati	Crty NORTH  6. Brief description of the character of business conduct  TREATED FABRICS  addresses)  Vice-Presidence  Street Addresses  Vice-Presidence  Street Addresses  Vice-Presidence  Street Addresses  Treasurer North GERAL  Street Addresses  State Zip Crty BALLS  addresses)  Director Nar  Street Addresses  Street Addresses  Street Addresses  Our Crty BALLS  Our Crty BALL	Crty NORTH SMITHFIELI  6. Brief description of the character of business conducted in Rhode Island  TREATED FABRICS  addresses)  Che  Vice-President Name  Street Address  City NY 12019  Treasurer Name GERALD CASEY Street Address 96 CONNOLLY ROAL  City BALLSTON LAKE  addresses)  Che  City Director Name  Street Address  Street Address  Che  City City City City City City Director Name  Street Address  Street Address  Che  Che  City City City City City City City Cit	City NORTH SMITHFIELD  6. Brief description of the character of business conducted in Rhode Island  TREATED FABRICS  addresses)  Check the box Vice-President Name  Street Address  State Zip City State  State Zip City State  Addresses)  State Zip City State  BALLSTON LAKE NY  addresses)  Check the box Director Name  Street Address  State Zip City State  Director Name  Street Address  State Zip City State  Check the box Director Name  Street Address  State Zip City State  Director Name  Street Address	City NORTH SMITHFIELD  6. Brief description of the character of business conducted in Rhode Island  TREATED FABRICS  addresses)  Check the box to indical Vice-President Name  Street Address  State Zip City State  NY 12019  Treasurer Name  GERALD CASEY  Street Address  96 CONNOLLY ROAD  State Zip City State  BALLSTON LAKE NY  addresses)  Check the box to indical Check the Composition of the Composition by the receiver or trustee.  In State Zip City State  10. Shares Issued 4000 Check the box to indical Check the Composition by the receiver or trustee.  In State Zip City State  10. Shares Issued 4000 Check the box to indical Check the Composition by the receiver or trustee.  In State Zip City State  10. Shares Issued 4000 Check the box to indical Check the Composition by the receiver or trustee.  In State Zip City State  10. Shares Issued 4000 Check the box to indical Check the Composition by the receiver or trustee.  In State Zip City State  Date Zip Check the Dox to indical Check the Composition by the receiver or trustee.  Check the box to indical Check the Dox to indical Check the Composition on the Check the Dox to indical Check the Composition by the receiver or trustee.  Check the Dox to indical C	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 17 2021

4:14

FORM 630 - Revised: 08/2020

RI SOS Filing Number: 202101762850 Date: 9/17/2021 4:14:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 17, 2021 04:14 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

