

AMENDED

State of Rhode Island
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 SEP 17 PM 4:14

1. Entity ID Number 001706341		2. Exact name of the Corporation CUSTOM COATINGS, INC.			
3. Principal Office Address 22 STEEL STREET			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 339900		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		TREATED FABRICS			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name GERALD CASEY			Vice-President Name		
Street Address 96 CONNOLLY ROAD			Street Address		
City BALLSTON LAKE	State NY	Zip 12019	City	State	Zip
Secretary Name			Treasurer Name GERALD CASEY		
Street Address			Street Address 96 CONNOLLY ROAD		
City	State	Zip	City BALLSTON LAKE	State NY	Zip 12019
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		4000	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		8000		CWP	
		PAR VALUE		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 <i>Gerald Casey</i>					Date 9/14/2021
Signature of Authorized Representative GERALD CASEY					FILED

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
BY *[Signature]*
FORM 630 - Revised: 08/2020