



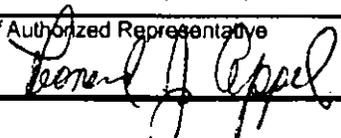
State of Rhode Island
Department of State - Business Services Division

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

2021 DEC 20 PM 4:18

Annual Report for the year: 2021
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000022501		2. Exact name of the Corporation RUBBER COVERED PRODUCTS CO., INC.			
3. Principal Office Address 964 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 326199		6. Brief description of the character of business conducted in Rhode Island APPLICATION OF PROTECTIVE COATINGS AND LININGS, LATEX DIPPING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY CAPO			Vice-President Name NONE		
Street Address 20 ARNOLD STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0.0000
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. <i>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.</i>					
Name of Authorized Representative LEONARD J. APPEL, CPA, POA				Date 12/20/2021	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

DEC 20 2021 4:19
BY J.P. GIVC ZV