



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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 1694310		2. Exact name of the Corporation Intracoastal Financial Corporation			
3. Principal Office Address 3210 Post Road		City Warwick		State RI	Zip 02886
4. NAICS Code Administrative and General		6. Brief description of the character of business conducted in Rhode Island Asset Management			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President: Name James Nolan			Vice-President: Name		
Street Address 37 Holden Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name James Nolan			Treasurer Name		
Street Address 37 Holden Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
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 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
		1,000		common	1.0000
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. 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 James Nolan				Date 7/19/22	
Signature of Authorized Representative <i>James Nolan</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
AUG 12 2022
 BY *QAB 087TA*