



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 31 2023

BY 4614

ES

1. Entity ID Number <u>4361</u>		2. Exact name of the Corporation <u>Coastal Design Corp</u>	
3. Principal Office Address <u>108 Corn Neck Rd</u>		City <u>Block Island</u>	State <u>RI</u>
		Zip <u>02807</u>	
4. NAICS Code <u>44-45</u>	6. Brief description of the character of business conducted in Rhode Island <u>Design + marketing of Recreational Items</u> <u>Fine Art + Accessories</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>John B Gasner</u>		Vice-President Name <u>Pamela Gasner</u>	
Street Address <u>108 Corn Neck Rd</u>		Street Address <u>108 Corn Neck Rd</u>	
City <u>Block Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Block Island</u>
			State <u>RI</u>
			Zip <u>02807</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>stk</u>
			PAR VALUE <u>non</u>
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. <b>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.</b>			
Name of Authorized Representative <u>John B. Gasner</u>		Date <u>01/26/23</u>	
Signature of Authorized Representative 			