RI SOS Filing N	umber: 202327088820	Date: 1/31/2023 4:00:00 PM						
State of Rhode Island								
Department of State	- Business Services Di	ivision FILED						
Annual Report for the year	: 2023	FILED						
Corporation	0,7725	JAN 31 2023						
Filing period: February 1 - Ma	y 1	ou UlaiU						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee	if form is not filed by May 31.		DY TUT					
,	. Exact name of the Corporation							
4361	Coastal Design	Corp	· · · · · · · · · · · · · · · · · · ·					
3. Principal Office Address		City	State Zip					
108 Corn Neck Rd		Block Island	R1 02807					
		of business conducted in Rhode Isla						
44-45	Design + market	ing of Recentions	THIMS					
5. State of Incorporation	Fine Art + Acces	550R1E5						
PI	•	•						
7. List ALL officers (names and addre	sses)	Check the box to indicate an attachment						
President Name John B Ga	snev-	Vice-President Name Pamela Gasulr						
Street Address 108 COVN No	ik Rd	Street Address 108 COVN NEUL PA						
Block Island s	tate RI Zip 02807	Block Island	State P1 Zip 02807					
Secretary Name		Treasurer Name						

44-45	D	Design + marketing of Recentional Items Fine Art + Accessories										
5. State of Incorporation	T	ne Art	H	+ Acce	550R1E<							
PI			•									
7. List ALL officers (names and ad	dresses	3)				Check th	ne box to	o indicate	an at	tachment 🔲		
President Name John B Gasner				Vice-President Name Pamela Grasn-er								
Street Address 108 COVN Neck Rd				Street Address 108 COVN Neul Pd								
City Block Island	State	RI	Zi	02807	City Block	15land	State	P (Zip	02807		
Secretary Name				Treasurer Name								
Street Address				Street Address								
City	State		Zi	P	City		State		Zip			
8. List ALL directors (names and a	ddress	es)		·		Check t	he box t	o indicate	an a	tachment 🗀		
Director Name				Director Name								
Street Address				Street Address								
City	State	<u> </u>	Zi	P	City		State	·	Zip			
Director Name Director Name												
Street Address				Street Address								
City	State] Zi	f	City		State		Zip			
9. Shares Authorized		·—	11	D. Shares Issue	ed	Check t	he box t	o indicate	an a	tachment 🔲		
This information is currently of record in the		F	NUMBER OF S	CLASS/SERIES								
Department of State.			100	5+k			Non					
Changes require an additional filing.		T										
11. This report must be executed of							ation is	in the had	nds 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						Date	1					
John B. G.Asnex						ල	1/20		23			
Signature of Authorized Representative												

MAIL TO:

Division of Business Services
148 W. River Street, Providence. Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.n.gov