



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

1. Entity ID Number 4361		2. Exact name of the Corporation Coastal Design Corp	
3. Principal Office Address 108 Corn Neck Rd		City Block Island	State RI
		Zip 02807	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island Design + marketing of Recreational Items Fine Art + Accessories		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John B Gasner		Vice-President Name Pamela Gasner	
Street Address 108 Corn Neck Rd		Street Address 108 Corn Neck Rd	
City Block Island	State RI	Zip 02807	City Block Island
			State RI
			Zip 02807
Secretary Name 		Treasurer Name 	
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 		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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES STK
			PAR VALUE None
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 John B. Gasner			Date 01/26/23
Signature of Authorized Representative 			

MAIL TO:
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