



State of Rhode Island  
Department of State - Business Services Division

MAY 09 2023

141540

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.

1. Entity ID Number 3596		2. Exact name of the Corporation Eastern Resins Corp.			
3. Principal Office Address P.O. Box 1206			City Woonsocket	State RI	Zip 02895
4. NAICS Code 325991		6. Brief description of the character of business conducted in Rhode Island CUSTOM COMPOUNDING PURCHASED EPOXY RESINS AND CURING AGENTS			
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 David A. Viola			Vice-President Name		
Street Address P.O. Box 1206			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name David A. Viola			Treasurer Name David A. Viola		
Street Address P.O. Box 1206			Street Address P.O. Box 1206		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		COMMON	NO PAR
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 David A. Viola					Date 3/12/23
Signature of Authorized Representative 					

MAIL TO:  
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