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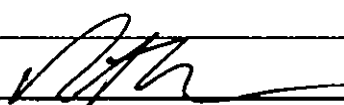
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year
Corporation

2024

Oct 17 2023
33659 *2*

- 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 001674835 | | 2. Exact name of the Corporation FINAL COAT PAINTING, INC. | | | |
| 3. Principal Office Address 3185 TERMINAL DR | | | City EAGAN | State MN | Zip 55121 |
| 4. NAICS Code 238300 | | 6. Brief description of the character of business conducted in Rhode Island PAINTING | | | |
| 5. State of Incorporation MN | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JAMES A LOUKUSA | | | Vice-President Name ROBERT LOUKUSA | | |
| Street Address PO BOX 1478 | | | Street Address 6715 COUNTY ROAD 33 SE | | |
| City MONROE | State WA | Zip 98272 | City BUFFALO | State MN | Zip 55313 |
| 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 | | 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 |
| | | 1000 | | | 01 |
| 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 | | | | | Date 8/10/23 |
| Signature of Authorized Representative ROBERT LOUKUSA  | | | | | |

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

RECEIVED

SEP 20 2023

FORM 630 - Revised: 11/2021

R.I. DIVISION OF TAXATION
PROCESSING SECTION