

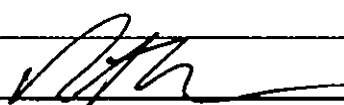
State of Rhode Island  
Department of State - Business Services Division

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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. <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					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