RI SOS Filing Number: 202443918160 Date: 1/11/2024 1:12:00 PM

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State of Rhode Isl		see Sarvinos	Division				
Annual Report for the year		ess Services	DIVISION				
Corporation					חתמי		
Filing period: February 1 - May 1					RECEIVED R.I. DEPT. OF STATE SUS SYCO		
→ Filing Fee: \$50,00					ハコンロンドル カビス スト	Mr Share	
→ Penalty: Additional \$25.	00 fee if form is no	filed by May 31.				<u> </u>	
I. Entity ID Number		2. Exact name of the Corporation			2024 JAN 11 P 1: 10		
000869999	DSM Co	ating Resins	, Inc.		2.1.1.10		
3. Principal Office Address			City		State	Zip	
730 MAIN STREET			WILMINGTON		MA	01887	
I. NAICS Code	6. Brief descrip	6. Brief description of the character of business conducted in			ode Island	<u>_</u>	
325500		MANFACTURE SPECIALTY CHEMICALS					
5. State of Incorporation	- MANFAC	TURE SPECIA	ALTY CHE	MICALS			
DE							
				A			
7. List ALL officers (names and	Check the box to indicate an attachment Vice-President Name						
SANDEEP BHATT							
730 MAIN STREET			Street Address				
WILMINGTON	State MA	^{Zip} 01887	City		State	Zıp	
Secretary Name GERALDINE A GASHKOFF			Treasurer Name				
730 MAIN STREET			Street Address				
City WILMINGTON	State MA	^{Zip} 01887	City		State	Zıp	
8. List ALL directors (names ar	nd addresses)	ı		Check	the box to indicate a	an attachment 🗆	
Director Name AUKJE DOC	ORNBOS		Director N	ame			
Street Address 730 MAIN S	· · · · · · · · · · · · · · · · · · ·		Street Add	ress		· · · · · · · · · · · · · · · · · · ·	
City WILMINGTON	State MA	^{Zip} 01887	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zıp	City		State	Ζιρ	
9. Shares Authorized	L	10. Shares Iss	ued	Check	the box to indicate	an attachment [
This information is currently of record in the NUMBER (SHARES CLASS/SERIFS PAR VALUE					
Department of State. Changes require an additional filing.		1,000.00		CWP	1.0	1.00	
11. This report must be execut	ed on behalf of the	corporation by an a	authorized re	<u> </u>	corporation is in the	hands of a re-	
ceiver or trustee, this report me	ust be executed on	behalf of the corpo	ration by the	receiver or trustee			
Under penalty of perjury, I d statements, and that all state				rt, including any a	accompanying sch	edules and	
statements, and that all state Name of Authorized Represen		ii ei eiii ai ei (i ue an	u conect.		Date		
GERALDINE A. GASHKOFF					1/10/2024		

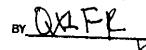
MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov

Geraldine A. Gashkoff
German Control of March 19 (2)



FORM 630- Revised: 04/2023