



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

1. Entity ID Number 000869999		2. Exact name of the Corporation DSM Coating Resins, Inc.		2024 JAN 11 P 1:10	
3. Principal Office Address 730 MAIN STREET			City WILMINGTON	State MA	Zip 01887
4. NAICS Code 325500		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE SPECIALTY CHEMICALS			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SANDEEP BHATT			Vice-President Name		
Street Address 730 MAIN STREET			Street Address		
City WILMINGTON	State MA	Zip 01887	City	State	Zip
Secretary Name GERALDINE A GASHKOFF			Treasurer Name		
Street Address 730 MAIN STREET			Street Address		
City WILMINGTON	State MA	Zip 01887	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 AUKJE DOORNBOS			Director Name		
Street Address 730 MAIN STREET			Street Address		
City WILMINGTON	State MA	Zip 01887	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued		
			NUMBER OF SHARES 1,000.00	CLASS/SERIES CWP	PAR VALUE 1.00
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 GERALDINE A. GASHKOFF				Date 1/10/2024	
Signature of Authorized Representative <i>Geraldine A. Gashkoff</i> <small>Geraldine A. Gashkoff, Jan 10, 2024 11:45:17</small>				FILED 1:12 JAN 11 2024	

MAIL TO:  
Division of Business Services  
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BY *QALFE*  
KS