



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.

2024 JAN 11 P 1:10

1. Entity ID Number 000869999		2. Exact name of the Corporation DSM Coating Resins, Inc.	
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) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SANDEEP BHATT		Vice-President Name	
Street Address 730 MAIN STREET		Street Address	
City WILMINGTON	State MA	Zip 01887	
Secretary Name GERALDINE A GASHKOFF		Treasurer Name	
Street Address 730 MAIN STREET		Street Address	
City WILMINGTON	State MA	Zip 01887	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name AUKJE DOORBOS		Director Name	
Street Address 730 MAIN STREET		Street Address	
City WILMINGTON	State MA	Zip 01887	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		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. 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 GERALDINE A. GASHKOFF			Date 1/10/2024
Signature of Authorized Representative <u>Geraldine A. Gashkoff</u> <small>Geraldine A. Gashkoff - 1/10/2024 11:03:37</small>			FILED 1:12 JAN 11 2024

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