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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation			
000002207	**Bel Air Finishing Supply Corp.**			
3. Principal Office Address		City	State	Zip
101 Circuit Drive		**North Kingstown**	**RI**	**02852**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238290	**Distributor of vibratory equipment and supplies.**			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Steven R. Alviti					
Street Address			Street Address		
101 Circuit Drive					
City	State	Zip	City	State	Zip
North Kingstown	**RI**	**02852**			
Secretary Name			Treasurer Name		
Lisa Alviti			**Steven R. Alviti**		
Street Address			Street Address		
101 Circuit Drive			**101 Circuit Drive**		
City	State	Zip	City	State	Zip
North Kingstown	**RI**	**02852**	**North Kingstown**	**RI**	**02852**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**Common Shares**	**no par value**
Changes require an additional filing.			

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
Steven R. Alviti	FILED JAN 30 2024 BY KWAITC	1/17/24
Signature of Authorized Representative		

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

FORM 630 - Revised: 04/2023