



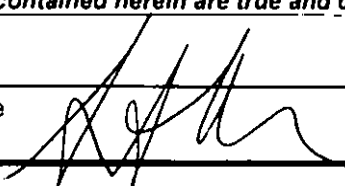
State of Rhode Island  
Department of State - Business Services Division

STAMP

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.

REC'D RHODES BSB  
JAN 30 4:11:00 PM  
2024

1. Entity ID Number <b>000002207</b>		2. Exact name of the Corporation <b>Bel Air Finishing Supply Corp.</b>			
3. Principal Office Address <b>101 Circuit Drive</b>			City <b>North Kingstown</b>		State <b>RI</b>
4. NAICS Code <b>238290</b>		6. Brief description of the character of business conducted in Rhode Island <b>Distributor of vibratory equipment and supplies.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Steven R. Alviti</b>			Vice-President Name		
Street Address <b>101 Circuit Drive</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>Lisa Alviti</b>			Treasurer Name <b>Steven R. Alviti</b>		
Street Address <b>101 Circuit Drive</b>			Street Address <b>101 Circuit Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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			
		<b>100      Common Shares      no par value</b>			
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 <b>Steven R. Alviti</b>			Date <b>1/17/24</b>		
Signature of Authorized Representative 			JAN 30 2024 <b>BY EVANC</b>		

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