



State of Rhode Island
Department of State - Business Services Division

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 001731925		2. Exact name of the Corporation National Coatings & Supplies Inc.	
3. Principal Office Address 4900 Falls of Neuse Road, Ste 150		City Raleigh	State NC
		Zip 27609	
4. NAICS Code 423100	6. Brief description of the character of business conducted in Rhode Island Distribute auto body paint and equipment for automotive collision repair and refinishing		
5. State of Incorporation North Carolina			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name John Leavy		Vice-President Name	
Street Address 4900 Falls of Neuse Road, Suite 150		Street Address	
City Raleigh	State NC	Zip 27609	
Secretary Name Karen Keck		Treasurer Name Austin Anderson	
Street Address 4900 Falls of Neuse Road, Suite 150		Street Address 4900 Falls of Neuse Road, Ste 150	
City Raleigh	State NC	Zip 27609	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		5,000,000	A
		10,000,000	C
Changes require an additional filing.			PAR VALUE
			1.000
			1.000
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 Austin Anderson			Date 02/28/2024
Signature of Authorized Representative <i>Austin Anderson</i>			

FILED

MAIL TO:

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

12:06

MAR 07 2024

BY ML

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