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	2. Exact name of the Corporation		
001731925	National Coatings & Supplies Inc.		
3. Principal Office Address	City	State	Zip
4900 Falls of Neuse Road, Ste 150	Raleigh	NC	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	Vice-President Name
John Leavy	
Street Address: 4900 Falls of Neuse Road, Suite 150	Street Address
City: Raleigh / State: NC / Zip: 27609	City / State / Zip
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	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	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5,000,000	A	1.000
10,000,000	C	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	Date
Austin Anderson	02/28/2024

Signature of Authorized Representative: Austin Anderson

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

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BY MAL F3JKH

FORM 630- Revised. 04/2023