RI SOS Filing Number: 202448044710 Date: 3/7/2024 12:05:00 PM

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.

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, Suite 150		Raleigh	NC	27609
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423100	DISTRIBUTE PAINT BODY 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	Street Address	City	State	Zip
John Leavy	4900 Falls of Neuse Road, Suite 150	Raleigh	NC	27609

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Karen Keck	4900 Falls of Neuse Road, Suite 150	Raleigh	NC	27609

Treasurer Name	Street Address	City	State	Zip
Austin Anderson	4900 Falls of Neuse Road, Suite 150	Raleigh	NC	27609

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	1.0000
10,000,000	C	1.0000

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	05/01/2023

Signature of Authorized Representative: Austin Anderson

FILED
12:05 MAR 07 2024
BY ML F3JKH

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: 11/2021