CUASIOUCH GUIZE RJ. S.Q.S. Filing Number: 202449203350 Date: 3/19/2024 4:00:00 PM

## State of Rhode Island Department of State - Business Services Division

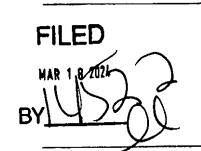
Annual Report for the year: 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2. Exact name	of th	e Corporation	<u>-</u>					
001724888	COAST T	Q. (	COAST ENGIN	EERING	SERVICES				
3. Principal Office Address		City			State	Zip			
5 DEPOT ROAD, S	FREE	EPORT ME 04032			04032				
4. NAICS Code	usiness conducted in Rhode Island								
541350									
5. State of Incorporation	7								
•	HOME /CO	rana:	ERCIAL INSE	)					
ME 7. List ALL officers (names and		(vIIv)	EKCIALI INSE		C	heck the box	c to indic	ate an attachment	, ,
President Name	Vice-President Name								
DAVID E LEOPOLI		ALAN MOONEY							
Street Address		Street Address							
P.O. BOX 1204		15 TWIN POND ROAD							
City	State	Zi	<del></del>	City	TIN TOND IC	State		Zip	AII-
•	ME	. '	) 3911	• · · · · · · · · · · · · · · · · · ·		i -	ME 040		
YORK HARBOR	R   ME   03911			Treasurer Name					
Secretary Name				1168301611	1401116				
BARBARA WHITON				Street Address					
Street Address	Sugar variess								
32 PINECREST ST		State Zip		City		State		Zip	
City		· ·		Giy		Jiero		<b>-</b> -P	
PORTLAND	ME	1	04102	<u> </u>		hack the bes	to indica	ete an attachment	1.1
8. List ALL directors (names ar	id addresses)			Director Na		IECK EIE OU	to make	ite an attachment	
Director Name				Director Na	алте				
Street Address				Street Add	ress		-	······	
Street Address									
City State		Zig	)	City		State		Zip	
		'							
Director Name	Director Name								
Street Address				Street Address					
City	State	Zij	)	City		State		Zip	
•									
9. Shares Authorized			10. Shares Issued Check			neck the box	the box to indicate an attachment 13		
This information is currently of record in the Department of State.			NUMBER OF SHARES (		CLASS/SE	CLASS/SERIES		PAR VALUE	
			402	)2					
Changes require an additional filing.									
11. This report must be execute	d on behalf of the c	orpo	ration by an authorize	d representat	tive. If the corporation	n is in the ha	inds of a	re-	
ceiver or trustee, this report mu	st be executed on b	ehal	If of the corporation by	the receiver	or trustee.				
Under penalty of perjury, i statements, and that all st	declare and affi	im ned	that I have examin	ed this rep	ort, including any	accompa	nying s	chedules and	
Name of Authorized Representa			TOTAL DIE CITE AL	u contect.			ate	<u> </u>	
Hamile of Vanion For Mehidopin	* Tyr	_	1 Kind				3	115/24	
Signature of Authorized Repres								, ,	
DAVID E LEOPOLI	)					·			

## MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov