



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.

FILED

STAMP
MAY 02 2024

BY *[Signature]*

| | | | | | |
|--|--------------------|--|------------------------------------|-----------------------|---------------------|
| 1. Entity ID Number 001706100 | | 2. Exact name of the Corporation Atlantic Seal Coating, Inc. | | | |
| 3. Principal Office Address 96 Riverside Drive | | | City Pawcatuck | State CT | Zip 06379 |
| 4. NAICS Code 238390 | | 6. Brief description of the character of business conducted in Rhode Island Seal coating of parking lots, etc. | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Thomas Roy | | | Vice-President Name none | | |
| Street Address 96 Riverside Drive | | | Street Address | | |
| City Pawcatuck | State CT | Zip 06379 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Thomas Roy | | | Director Name | | |
| Street Address 96 Riverside Dr. | | | Street Address | | |
| City Pawcatuck | State CT | Zip 06379 | 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 <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | PAR VALUE | | | |
| | | 600 | Common | No Par | |
| 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 Thomas Roy | | | | Date 4/9/24 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |

MAIL TO:
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