

DYN343485

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

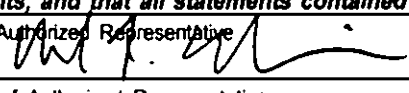
→ Filing Fee: \$50.00

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

FILED

MAR 18 2025

BY

1. Entity ID Number 000151319		2. Exact name of the Corporation DYNAMIC SURFACE APPLICATIONS, LTD									
3. Principal Office Address 373 VILLAGE ROAD			City PENNSDALE		State PA						
Zip 17756											
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island									
5. State of Incorporation PA		BRIDGE JOINT									
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐						
President Name MICHAEL F. STACHOWICZ			Vice-President Name								
Street Address 11 BRIAR CLIFF DRIVE			Street Address								
City WILBRAHAM	State MA	Zip 01095	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 ☐						
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									
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100		0									
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 3/7/25						
Signature of Authorized Representative MICHAEL F. STACHOWICZ											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov