RI SOS Filing Number: 202568388240 Date: 3/26/2025 4:00:00 PM

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.

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STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Numbe 001771737	2. Exact name of the Corporation Pro Coat, Inc.		
3. Principal Office Address 52 Newman Ave	City Seekonk	State MA	Zip 02771
3. NAICS Code 238310	4. Brief description of the character of business conducted in Rhode Island Drywall Prepartion		
5. State of Incorporation RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name Jacqueline DaSilva			Vice-President Name		
Street Address 52 Newman Ave			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Jacqueline DaSilva			Treasurer Name Jacqueline DaSilva		
Street Address 52 Newman Ave			Street Address 52 Newman Ave		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	100	Common	1

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
Jacqueline DaSilva	

Signature of Authorized Representative
X J. daSilva

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

MAR 26 2025
BY 5054

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023