RI SOS Filing Number: 202574272630 Date: 5/30/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division  FILED								
2000 d for the many 2025						א א		
Corporation ————————————————————————————————————				MAI 3 11 2023 V				
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								
1737231 Coastal Counters & Cabinets, Inc.  3. Principal Office Address Cabinets IState IZin								
		City Tiverto	n	State RI		Zip 02878		
endeavors								
id addresses) Check the box to indicate an attachment								
esident Name Claudio DeMacedo			VICE-President Name Jessica DeMacedo					
one Church Road			Street Address 386 Stone Church Road					
State RI	<sup>Zip</sup> 02878	City Tive	rton	State	RI	Zip 02878		
Secretary Name Claudio DeMacedo Treasurer Name Claudio DeMacedo								
Street Address 386 Stone Church Road  City Tiverton State RI Zip 02878			Street Address 386 Stone Church Road					
State RI	<sup>Zip</sup> 02878	<sup>City</sup> Tiverton		State	RI	<sup>Z</sup> 02878		
8. List ALL directors (names and addresses)			Check the box to indicate an attachment					
Street Address 386 Stone Church Road  City Tiverton State RI Zip 02878			Street Address 386 Stone Church Road					
State RI	<sup>Zip</sup> 02878	City Tiverton		State	State RI Zin 02			
		Director Name				<u> </u>		
Street Address			Street Address					
State	Zip	City		State	-	Zip		
					icate an at			
This information is currently of record in the Department of State. Changes require an additional filing.		SHARES	COMMON NO Par		PAR VALUE			
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								
Claudio DeMacedo					4/25/25			
Signature of Authorized Representative								
	te - Busines 2025  May 1  e if form is not form is not form and affirm the contained here  ative	May 1  See if form is not filed by May 31.  2. Exact name of the Corporation Coastal Counters & Coastal Coun	Ate - Business Services Division 2025  May 1  See if form is not filed by May 31.  In Exact name of the Corporation Coastal Counters & Cabinets Cab	Atte - Business Services Division 2025  May 1  By if form is not filed by May 31.  2. Exact name of the Corporation Coastal Counters & Cabinets, Inc.    City   Tiverton	MAY 3   MAY 4   MAY 4 MA	MAY 3 1 2025  MAY 1 2026  MAY 3 1 2026  MAY 1 2026		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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