



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3778		2. Name of Corporation Castellucci, Galli Corporation			
3. Street Address Principal Business Office 175 High Service Avenue		City North Providence		State RI	Zip 02904
4. Business Phone No. 401-353-0607		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To render professional engineering and architectural services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James R. Castellucci			Vice President Name None		
Street Address 175 High Service Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Norman G. Orodenker			Treasurer Name James R. Castellucci		
Street Address 246 Prairie Avenue, Suite #1			Street Address 175 High Service Avenue		
City Providence	State RI	Zip 02905	City North Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James R. Castellucci			Director Name None		
Street Address 175 High Service Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 50	Class/Series Common	Par Value No Par

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.

Signature

Date

Norman G. Orodenker, Esq.

Print or Type Name

Secretary

Title

File Date	2-24-09
Check No.	1093
By:	mnc
FOR SECRETARY OF STATE USE ONLY	