STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
4364	**COASTAL ELECTRIC, INC.**		
3. Principal office address: **64 HALSEY STREET**	City: **NEWPORT**	State: **R I**	Zip: **02840**
4. Business Phone No.: **(401) 849 5656**	5. State of Incorporation: **RHODE ISLAND**		
6. Brief description of the character of business conducted in Rhode Island: **ELECTRICAL CONTRACTING**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **COSTA GIANETIS**			Vice-President Name: **PETER D. REED**		
Street Address: **184 INDIAN AVENUE**			Street Address: **39 PEACEFUL WAY**		
City: **PORTSMOUTH**	State: **R I**	Zip: **02871**	City: **PORTSMOUTH**	State: **R I**	Zip: **02871**
Secretary Name: **COSTA GIANETIS**			Treasurer Name: **PETER D. REED**		
Street Address: **184 INDIAN AVENUE**			Street Address: **39 PEACEFUL WAY**		
City: **PORTSMOUTH**	State: **R I**	Zip: **02871**	City: **PORTSMOUTH**	State: **RI**	Zip: **02871**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **COSTA GIANETIS**			Director Name: **PETER D. REED**		
Street Address: **184 INDIAN AVENUE**			Street Address: **39 PEACEFUL WAY**		
City: **PORTSMOUTH**	State: **RI**	Zip: **02871**	City: **PORTSMOUTH**	State: **R I**	Zip: **02871**
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
180	COMMON	NO

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.

Costa Gianetis — 01/12/2016
Signature of Authorized Representative — Date

COSTA GIANETIS
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 19 2016
BY 033802

Form No. 630
Revised: 01/2012