



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

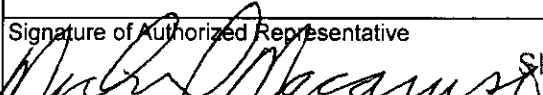
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

8/17/16

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|--------------------|---|-------------------------|------------------------------|---------------------|
| 1. Entity ID Number 547237 | | 2. Exact name of the Corporation COASTAL ASBESTOS ABATEMENT CO. | | | |
| 3. Principal Office Address 5 GREEN HILL ROAD | | City JOHNSTON | State RI | Zip 02919 | |
| 4. Business Phone Number 946-6131 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island THE DEMOLITION OF ALL STRUCTURES, GENERAL CONSTRUCTION AND SNOW PLOWING | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MICHAEL MACARUSO | | Vice-President Name AMANDA MACARUSO | | | |
| Street Address 124 BISHOP HILL ROAD | | Street Address 124 BISHOP HILL ROAD | | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| Secretary Name AMANDA MACARUSO | | Treasurer Name MICHAEL MACARUSO | | | |
| Street Address 124 BISHOP HILL ROAD | | Street Address 124 BISHOP HILL ROAD | | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name MICHAEL MACARUSO | | Director Name AMANDA MACARUSO | | | |
| Street Address 124 BISHOP HILL ROAD | | Street Address 124 BISHOP HILL ROAD | | | |
| City JOHNSTON | State RI | Zip 02919 | City JOHNSTON | State RI | Zip 02919 |
| 9. Shares Authorized | | 10. Shares Issued Check box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 | COMMON | .01 | |
| 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 MICHAEL MACARUSO/PRESIDENT | | | | Date July 19, 2016 | |
| Signature of Authorized Representative  SIGN DOCUMENT HERE | | | | | |

FILED

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BY 6231