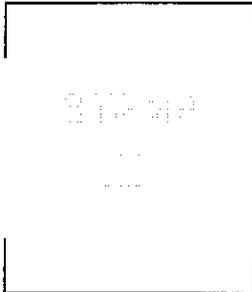




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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



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		2. Exact name of the Corporation			
547237		COASTAL ASBESTOS ABATEMENT CO.			
3. Principal Office Address		City	State	Zip	
5 GREEN HILL ROAD		JOHNSTON	RI	02919	
4. Business Phone Number		5. State of Incorporation			
946-6131		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			Vice-President Name		
MICHAEL MACARUSO			AMANDA MACARUSO		
Street Address			Street Address		
124 BISHOP HILL ROAD			124 BISHOP HILL ROAD		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919
Secretary Name			Treasurer Name		
AMANDA MACARUSO			MICHAEL MACARUSO		
Street Address			Street Address		
124 BISHOP HILL ROAD			124 BISHOP HILL ROAD		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
MICHAEL MACARUSO			AMANDA MACARUSO		
Street Address			Street Address		
124 BISHOP HILL ROAD			124 BISHOP HILL ROAD		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	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: *[Handwritten Signature]* SIGN DOCUMENT HERE

FILED
JUL 21 2016

BY 6231

