RI SOS Filing Number: 201734286360 Date: 02/17/2017 9:58 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Amended

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2017 FEB 17 AM 9:58

1. Entity ID Number	2. Exact name of the Corporation			
1658741	Costa Companies, Inc.			
3. Principal Office Address		**City**	**State**	**Zip**
197 Warren Ave. Suite 102		East Providence	R.I.	02914
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
23-Construction	Electrical Construction			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Maria Costa			Victor Costa		
Street Address			**Street Address**		
22 Warwick st.			36 Medalist Dr.		
City	**State**	**Zip**	**City**	**State**	**Zip**
E. Prov	R.I	02914	Rehoboth	MA	02769
Secretary Name			**Treasurer Name**		
Victor Costa			Victor Costa		
Street Address			**Street Address**		
36 Medalist Dr.			36 Medalist Dr.		
City	**State**	**Zip**	**City**	**State**	**Zip**
Rehoboth	MA	02769	Rehoboth	MA	02769

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name			Director Name		
Michael Dolan			Victor Costa		
Street Address			**Street Address**		
96 Louis St.			36 Medalist Dr.		
City	**State**	**Zip**	**City**	**State**	**Zip**
Swansea	MA	02777	Rehoboth	MA	02769
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		0.01

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	Date
Victor Costa	2/17/17

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
FEB 17 2017
By A.A. 9:58 A.M.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 17, 2017 9:58 AM

Nellie M. Gorbea
Secretary of State

149496-4-1178475