



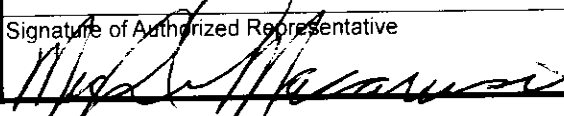
State of Rhode Island and Providence Plantations

Department of State - Business Services Division**Annual Report for the year: 2017****Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 547237		2. Exact name of the Corporation COASTAL ASBESTOS ABATEMENT CO.			
3. Principal Office Address 51 GREEN HILL ROAD		City JOHNSTON	State RI	Zip 02919	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island THE DEMOLITION OF ALL TYPES OF STRUCTURES, GENERAL CONSTRUCTION AND SNOW PLOWING.				
5. State of Incorporation RHODE ISLAND					
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
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 Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 3/20/17
Signature of Authorized Representative 					

FILED**MAR 23 2017**

BY

3512**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov