



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
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
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
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 100	CLASS/SERIES COMMON	PAR VALUE .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 				

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

FILED
 MAR 23 2017
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