State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2017 DEC 12 PM 2:50

Annual Report for the year: 2018

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	2. Exact name of the Corporation			
000071534	Kenneth Castellucci & Associates, Inc.			
3. Principal Office Address		City	State	Zip
9 New England Way		Lincoln	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238140	Natural Stone Contractor			
5. State of Incorporation				
RI				

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

President Name	Vice-President Name
Kenneth Castellucci	Michael F. Vanone
Street Address: 50 Skating Pond Lane	Street Address: 9 New England Way
City: Saundestown; State: RI; Zip: 02874	City: Lincoln; State: RI; Zip: 02865
VP Secretary Name: Thomas N. Colomey	Treasurer Name
Street Address: 9 New England Way	Street Address
City: Lincoln; State: RI; Zip: 02865	City; State; Zip

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

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300		0,00

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
Thomas N. Colomey - CFO/VP	12/12/2017

Signature of Authorized Representative

FILED

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

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FORM 630 - Revised: 08/2017