



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.

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

1. Entity ID Number <u>000071534</u>		2. Exact name of the Corporation <u>Kenneth Castellucci & Associates, Inc.</u>	
3. Principal Office Address <u>9 New England Way</u>		City <u>Lincoln</u>	State <u>RI</u>
4. NAICS Code <u>238140</u>		6. Brief description of the character of business conducted in Rhode Island <u>Natural Stone Contractor</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Kenneth Castellucci</u>		Vice-President Name <u>Michael F. Vanone</u>	
Street Address <u>50 Skating Pond Lane</u>		Street Address <u>9 New England Way</u>	
City <u>Saunderstown</u>	State <u>RI</u>	City <u>Lincoln</u>	State <u>RI</u>
Zip <u>02874</u>		Zip <u>02865</u>	
Secretary Name <u>Thomas N. Colomey</u>		Treasurer Name	
Street Address <u>9 New England Way</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	City	State
Zip <u>02865</u>		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>300</u>	
		<u>0.00</u>	
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 <u>Thomas N. Colomey - CFO/VP</u>		Date <u>12/12/2017</u>	
Signature of Authorized Representative <u>[Signature]</u>		DEC 12 2017	

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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