4
1
V

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for the	year:
--------	--------	---------	-------

2019

STAMP

Compared red description

Corporation

→ Filing period: Janyary 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if force

4. NAICS Code 238210 Contracting and Engineering. 5. State of Incorporation Rhode I sland Contracting and Engineering. Check the box to indicate an attachme President Name Domenic J. Mainelli Street Address 22. Betty Hill Road City Narragansett State RI City ST. Petersburg State Domenic J. Mainelli Street Address 1911 I lowa Avenue N.E. City ST. Petersburg State Domenic J. Mainelli Street Address 22. Betty Hill Road City ST. Petersburg State Domenic J. Mainelli Street Address 1911 I lowa Avenue N.E. City ST. Petersburg State Domenic J. Mainelli Street Address 22. Betty Hill Road City ST. Petersburg State Domenic J. Mainelli Street Address 22. Betty Hill Road City ST. Petersburg State Domenic J. Mainelli Street Address 1911 I lowa Avenue N.E. City ST. Petersburg Domenic J. Mainelli Street Address Domenic J. Mainelli Street Address 22. Betty Hill Road City Narragansett Thomas J. Mainelli Street Address Domenic J. Mainelli Street Address 22. Betty Hill Road City Narragansett State Domenic J. Mainelli Street Address City ST. Petersburg Director Name Domenic J. Mainelli Street Address 22. Betty Hill Road City Narragansett State Director Name Domenic J. Mainelli Street Address Street Address Street Address Street Address Street Address Street Address City ST. Petersburg State Director Name Director Na	1. Entity ID Number	2. Exact name	of the Corporation					
22 Betty Hill Road A. NAICS Code 238210 State of Incorporation Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an attachm Domenic J. Mainelli Street Address 22 Betty Hill Road Cry Narragansett Thomas J. Mainelli Street Address 1911 Iowa Avenue N.E. Cry ST. Petersburg B. List ALL directors (names and addresses) Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road Cry ST. Petersburg B. List ALL directors (names and addresses) Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road Cry ST. Petersburg State Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road Cry ST. Petersburg State Director Name Domenic J. Mainelli Street Address Cry ST. Petersburg State Director Name Domenic J. Mainelli Street Address Cry ST. Petersburg State Director Name Domenic J. Mainelli Street Address Cry ST. Petersburg State Director Name Domenic J. Mainelli Street Address Cry ST. Petersburg State Director Name Street Address Street Address Street Address Street Address Cry ST. Petersburg State Director Name Director Name Street Address Street Address Street Address Street Address Cry ST. Petersburg State Director Name Street Address Street Address Street Address Cry ST. Petersburg State Director Name Street Address Cry ST. Petersburg State Director Name Orector	5759	·						
4. NAICS Code 238210 5. State of Incorporation Rhode Island Contracting and Engineering. 5. State of Incorporation Rhode Island Contracting and Engineering. 5. State of Incorporation Rhode Island Contracting and Engineering. 6. Brief description of the character of business conducted in Rhode Island Contracting and Engineering. 5. State of Incorporation Rhode Island Contracting and Engineering. 6. Brief description of the character of business conducted in Rhode Island Contracting and Engineering. 6. State of Incorporation Rhode Island Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Street Address Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Street Address Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Street Address Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Street Address Contracting and Engineering. 6. Check the box to indicate an attachment of Island Contracting and Engineering. 6. Street Address Contracting and Engineering. 6. Check the box to indicate an attachment Contracting and Engineering. 6. Street	Principal Office Address		•	City		State	Zip	
Contracting and Engineering. 5. State of Incorporation Rhode Island 7. List ALL Officers (names and addresses) Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett City ST. Petersburg State RL City ST. Petersburg City Narragansett Street Address Check the box to indicate an attachm Director Name Domenic J. Mainelli Street Address City ST. Petersburg State RL City ST. Petersburg City Narragansett Street Address City ST. Petersburg Street Address City ST. Petersburg Street Address City ST. Petersburg Street Address Street Address City State RL City ST. Petersburg State RL City ST. Petersburg State RL City ST. Petersburg State RL City State City State City State City State City	22 Betty Hill Road			Narraga	ansett	RI	02882	
Contracting and Engineering. Contracting and Engineering. Contracting and Engineering. Check the box to indicate an attachm President Name Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett State RI City Narragansett State RI City Narragansett State RI City Narragansett State RI City ST. Petersburg State FL City ST. Petersburg State Pomenic J. Mainelli Street Address Check the box to indicate an attachm Domenic J. Mainelli Street Address City Narragansett City Narragansett City ST. Petersburg State RI City ST. Petersburg State RI City State RI City Narragansett Check the box to indicate an attachm Domenic J. Mainelli Street Address Check the box to indicate an attachm Domenic J. Mainelli Street Address Check the box to indicate an attachm Domenic J. Mainelli Street Address City ST. Petersburg State RI City ST. Petersburg State FL City ST. Petersburg State RI City ST. Petersburg State FL City State Zip State Address City ST. Petersburg State RI City ST. Petersburg State FL City State Zip State Address City State Zip State RI City State Zip State Address City State Add	4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
State of Incorporation Rhode Island 7. List ALL Officers (names and addresses) President Name Domenic J. Mainelli Street Address 22. Betty Hill Road City Narragansett State RI Street Address 1911 Iowa Avenue N.E. City ST. Petersburg Buttle Grind (State RI) Street Address 22. Betty Hill Road City Narragansett Street Address 1911 Iowa Avenue N.E. City ST. Petersburg Buttle Grind (State RI) Street Address Check the box to indicate an attachme Domenic J. Mainelli Street Address 1911 Iowa Avenue N.E. City ST. Petersburg Buttle Grind (State RI) Street Address Check the box to indicate an attachme Domenic J. Mainelli Street Address Check the box to indicate an attachme Domenic J. Mainelli Street Address Check the box to indicate an attachme Domenic J. Mainelli Street Address 22. Betty Hill Road City Narragansett Thomas J. Mainelli Street Address 22. Betty Hill Road City Narragansett Street Address 23. Mainelli Street Address City ST. Petersburg Street Address Street Address City ST. Petersburg State City ST. Petersburg State City ST. Petersburg State City State C	238210	Contracting and Engineering						
Tust ALL officers (names and addresses) Check the box to indicate an attachm	5. State of Incorporation	Contracting and Engineering.						
President Name Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett State RI Zip 02882 City Narragansett State RI Zip 02882 Secretary Name Thomas J. Mainelli Street Address 1911 Iowa Avenue N.E. City ST. Petersburg State FL Zip 33703 City Narragansett State RI Zip 0288 B. List ALL directors (names and addresses) Check the box to indicate an attachm Domenic J. Mainelli Street Address 22 Betty Hill Road City ST. Petersburg State FL Zip 33703 City Narragansett State RI Zip 0288 B. List ALL directors (names and addresses) Check the box to indicate an attachm Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett State RI Zip 02882 City ST. Petersburg State FL Zip 3370 City Narragansett State RI Zip 02882 City ST. Petersburg State FL Zip 3370 Director Name Director Name Street Address Street Address State State RI Zip 02882 City ST. Petersburg State FL Zip 3370 City State Zip Ci	Rhode Island							
Street Address 22 Betty Hill Road City Narragansett State RI Zip 02882 City Narragansett State RI Zip 02882 City Narragansett State RI Zip 02882 City Narragansett Domenic J. Mainelli Street Address 1911 Iowa Avenue N.E. City ST. Petersburg State FL Zip 33703 City Narragansett State RI Zip 0288 8. List All Literators (names and addresses) Check the box to indicate an attachm Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road Check the box to indicate an attachm Director Name Thomas J. Mainelli Street Address 22 Betty Hill Road Street Address 1911 Iowa Avenue N.E. City Narragansett State RI Zip 02882 City ST. Petersburg State FL Zip 3370 Director Name Director Name Street Address Street Addres		Iresses)	<u> </u>		Check	the box to in	dicate an attachment	
22 Betty Hill Road City Narragansett State RI Zip 02882 City Narragansett Street Address 1911 Iowa Avenue N.E. City ST. Petersburg State FL Zip 33703 City Narragansett Street Address 22 Betty Hill Road City Narragansett Street Address Check the box to indicate an attachme Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett Street Address Check the box to indicate an attachme Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett Street Address 22 Betty Hill Road City Narragansett Street Address 23 Betty Hill Road City ST. Petersburg State RI Zip 02882 City ST. Petersburg State FL Zip 3370 Director Name Director Name Director Name Director Name Street Address Street Address City State Zip State Zip Street Address City State Zip Street Address Check the box to indicate an attachme Domenic Name Director Name Street Address City State Zip Stat	President Name			Vice-President Name Domenic J. Mainelli				
Narragansett RI 02882 Narragansett Nainelli	22 Betty Hill	Road		Street Address				
Thomas J. Mainelli Street Address 1911 Iowa Avenue N.E. City ST. Petersburg State FL Zip 33703 City Narragnsett State RI Zip 0288 8. List ALL directors (names and addresses) Check the box to indicate an attachm Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road City ST. Petersburg Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road Street Address 22 Betty Hill Road Street Address 23 Betty Hill Road Street Address City Narragansett State RI Zip 02882 City ST. Petersburg State FL Zip 3370 Director Name Director Name Street Address Street Address Street Address Street Address City ST. Petersburg State FL Zip 3370 Director Name Director Name Director Name Director Name City State Zip City State Zip State Zip NMER OF SHARES CLASSSERIES PAR VALUE 400 COMMON No Par Value Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receituratee, 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	City Narragansett	State RI	Zip 02882	City Narrag	gansett	State RT	Zip 02882	
State Stat	Secretary Name Thomas J. N	Name Thomas J. Mainelli			Treasurer Name Domenic J. Mainelli			
ST. Petersburg FL 33/03 Narragnsett R1 0288 8. List ALL directors (names and addresses) Check the box to indicate an attachm Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road Street Address 22 Betty Hill Road Street Address Director Name Street Address Street Address Street Address Director Name Director Name Street Address City ST. Petersburg FL Zip 3370 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 filling. 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASSISERIES PAR VALUE 400 COMMON No Par Value 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receitrustee, 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								
Director Name Domenic J. Mainelli Street Address 22 Betty Hill Road City Narragansett State RI Zip O2882 City ST. Petersburg State FL Zip 3370 Director Name Director Name Street Address Street Address City ST. Petersburg State FL Zip 3370 Director Name Street Address City State Zip City State Zip City State Zip City State Zip State Zip O2882 City Street Address City State Zip O2882 City State Zip O2882 City State Zip O2882 City State Oneck the box to indicate an attachment of State Number of Shares CLASS/SERIES PAR VALUE ADD COMMON No Par Value This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receit 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	City ST. Petersburg		Zip 33703	City Narra	ignsett	State R I	Zip 02882	
Domenic J. Mainelli Thomas J. Mainelli Street Address 1911 Iowa Avenue N.E.		idresses)				the box to in	dicate an attachment	
State RI Zip O2882 City ST. Petersburg State FL Zip 3370	•	ainelli		Director Name		inelli		
Director Name Director Name Director Name	Street Address							
Street Address Street Address City State Zip City State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment of State. Changes require an additional filling. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recent rustee, 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	City Narragansett	State RI	Zip 02882	City ST. F	etersburg		Zip 33703	
City State Zip City State Zip State Zip 10. Shares Issued Check the box to indicate an attachment of state. NUMBER OF SHARES CLASS/SERIES PAR VALUE 400 COMMON No Par Value 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receit 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	Director Name	L	_	Director Name	е			
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filling. 10. Shares Issued CLASS/SERIES CLASS/SERIES PAR VALUE 400 COMMON No Par Value 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receit 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	Street Address			Street Address				
This information is currently of record in the Department of State. 1400 COMMON No Par Value 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receit trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 12. 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. 13. Name of Authorized Representative 14. No Par Value 15. Common No Par Value 16. Common No Par Value 17. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver 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. 18. No Par Value 19. No Par Value 19. Determined the corporation by the receiver or trustee. 19. Determined the corporation by the receiver or trustee. 19. Determined the corporation is in the hands of a receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee. 20. Determined the corporation by the receiver or trustee.	City	State	Zip	City		State	Zip	
Changes require an additional filing. 400 COMMON No Par Valu 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receit 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	9. Shares Authorized		10. Shares Issue	 ed	Check	the box to inc	dicate an attachment	
Changes require an additional filling. 400 COMMON No Par Value 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 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	_	d in the	NUMBER OF S	HARES	CLASS/SERIE	S	PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receitrustee, 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	·		400		COMMON		No Par Value	
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	Changes require an additional filmig.					İ		
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						oration is in the	e hands of a receiver or	
Name of Authorized Representative Date	Under penalty of perjury, I declar	e and affirm that	t I have examined	i this report, i		npanying sci	nedules and	
			rein are due and	COTTOCE.		Date		
Thomas J) Mainelli	/ VI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Signature of Authorized Representative SIGN DOCUMENT HERE	Signature of Authorized Representa	itive	SIGN DOC	JMENT HERE				

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

FEB 01 2019

FORM 630 - Revised: 10/2017

