



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2019**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

**JUL 26 2019**

BY 2508 DS

1. Entity ID Number <b>375116</b>		2. Exact name of the Corporation <b>MELUCCI CONSTRUCTION, INC.</b>			
3. Principal Office Address <b>385 Rockland Road</b>			City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>residential and commercial construction services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Melucci</b>			Vice-President Name <b>None</b>		
Street Address <b>385 Rockland Road</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Michael Melucci</b>			Treasurer Name <b>Michael Melucci</b>		
Street Address <b>385 Rockland Road</b>			Street Address <b>385 Rockland Road</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael Melucci</b>			Director Name		
Street Address <b>385 Rockland Road</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		common
					PAR VALUE <b>0.01</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Michael Melucci, President</b>				Date <b>3/1/19</b>	
Signature of Authorized Representative <i>Michael Melucci</i>				SIGN DOCUMENT 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](http://www.sos.ri.gov)