RI SOS Filing Number: 202035132110 Date: 2/21/2020 4:00:00 PM

(B)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

ss Services Division FILED

Annual Report for the	e year:	2020	
Corporation		2020	_
oorporation			

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2 Exact nar	ne of the Corporatio	^n	<u> </u>		X~/_			
547237		COASTAL ASBESTOS ABATEMENT CO.							
3 Principal Office Address 51 GREEN HILL ROAD			City		State	Zip 02919			
4. NAICS Code	R Rrief desc	vintion of the chara				02313			
		Brief description of the character of business conducted in Rhode Island							
562910	THE DEMO	LITION OF ALL TY	YPES OF STRUC	CTURES, ASBESTO	S REMOV.	AL, GENERAL			
5 State of Incorporation RHODE ISLAND	CONSTRUC	CONSTRUCTION AND SNOW REMOVAL.							
	and addresses)			- OhI					
7 List ALL officers (names and addresses) President Name AMANDA MACARUSO			Vice-Presiden	Check the box to indicate an attachment ☐ Vice-President Name					
Street Address 124 BISHOP I			Street Address	Street Address					
City JOHNSTON	State RI	Zip 02919	City	City		Zip			
Secretary Name AMANDA MA	ACARUSO			Treasurer Name AMANDA MACARUSO					
Street Address 124 BISHOP I				Street Address 124 BISHOP HILL ROAD					
City JOHNSTON	State RI	^{Zip} 02919	City JOHNS	City JOHNSTON		^{Zip} 02919			
8. List ALL directors (names	and addresses)				the box to	indicate an attachment			
Director Name AMANDA MA			Director Name			<u> </u>			
Street Address 124 BISHOP H				Street Address					
City JOHNSTON	State RI	^{Zip} 02919	City		State	Zip			
Director Name			Director Name	;					
Street Address			Street Address	s					
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Iss	 sued	Check	the hox to	indicate an attachment			
This information is currently o	of record in the	NUMBER OF		CLASS/SERIE		PAR VALUE			
Department of State. Changes require an additional	d filing	100		COMMON		NONE			
Allendes tedenc en nagriore.	i fliing.								
11. This report must be execu	uted on behalf of the	corporation by an a	authorized repres	entative If the corpo	oration is in	the hands of a receiver or			
<u>trustee, this report must be e</u>	executed on behalf of	the corporation by	the receiver or tru	rustee.					
Under penalty of perjury, I	declare and affirm to	that I have examine	ed this report, ir	ncluding any accon	npanying s	chedules and			
statements, and that all sta	atements contained	<u>herein are true an</u>	id correct.	- -	<u> </u>				
Name of Authorized Represe			•		Date	,			
AMANDA MACARUSO, PR		·-			J./	1/2/20			
Signature of Authorized Repr	resentative Ma Ma	COLLAR SIGNIA	1215						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov