



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

FILED

Annual Report for the year: 2020

FEB 21 2020 P

Corporation

BY 4954
[Signature]

- 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 547237		2. Exact name of the Corporation COASTAL ASBESTOS ABATEMENT CO.			
3. Principal Office Address 51 GREEN HILL ROAD		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 562910		6. Brief description of the character of business conducted in Rhode Island THE DEMOLITION OF ALL TYPES OF STRUCTURES, ASBESTOS REMOVAL, GENERAL CONSTRUCTION AND SNOW REMOVAL.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMANDA MACARUSO			Vice-President Name		
Street Address 124 BISHOP HILL ROAD			Street Address		
City JOHNSTON		State RI	Zip 02919	City	
Secretary Name AMANDA MACARUSO			Treasurer Name AMANDA MACARUSO		
Street Address 124 BISHOP HILL ROAD			Street Address 124 BISHOP HILL ROAD		
City JOHNSTON		State RI	Zip 02919	City JOHNSTON	
State RI		Zip 02919		State RI	
Zip 02919		City JOHNSTON		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AMANDA MACARUSO			Director Name		
Street Address 124 BISHOP HILL ROAD			Street Address		
City JOHNSTON		State RI	Zip 02919	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NONE
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 AMANDA MACARUSO, PRESIDENT				Date 2/10/20	
Signature of Authorized Representative <i>Amanda Macaruso</i>					

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