



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 FEB 25 P 2:07

Annual Report for the year: 2020

Corporation

→ 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 4371		2. Exact name of the Corporation COASTAL STATES CONSTRUCTION, INC.		
3. Principal Office Address 2205 CHESTNUT STREET		City NORTH DIGHTON	State MA	Zip 02764
4. NAICS Code 23 - Construction <i>238190</i>	6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION, EXCAVATING, BUY/SELL SAND, GRAVEL, ETC.			
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 Abel Mariano		Vice-President Name Caine Kang C. Yu, PhD.		
Street Address 2205 CHESTNUT STREET		Street Address 2205 CHESTNUT STREET		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA
Secretary Name Abel Mariano		Treasurer Name Abel Mariano		
Street Address 2205 CHESTNUT STREET		Street Address 2205 CHESTNUT STREET		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Abel Mariano		Director Name		
Street Address 2205 CHESTNUT STREET		Street Address		
City NORTH DIGHTON	State MA	Zip 02764	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		
		C. ASS/SERIES		PAR VALUE
		100	Common	No Par
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 Abel Mariano			Date 1-25-20	
Signature of Authorized Representative <i>Abel Mariano</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

FILED
FEB 25 2020
BY *Ch ck 13126*
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