



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

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.

FILED

FEB 27 2020

BY

4535 DS

1. Entity ID Number 000116025		2. Exact name of the Corporation COLETTA CONTRACTING COMPANY, INC.			
3. Principal Office Address 12 WINSOR DRIVE			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING;SUBCONTRACTING;GENERAL CONSTRUCTION			
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 ROBERT J. COLETTA			Vice-President Name JUSTIN J. COLETTA		
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name JUSTIN J. COLETTA			Treasurer Name ROBERT J. COLETTA		
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT J. COLETTA			Director Name JUSTIN J. COLETTA		
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			CLASS/STRIKES		
			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 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 ROBERT J. COLETTA					Date Feb 17, 2020
Signature of Authorized Representative <i>Robert J. Coletta</i>					

MAIL TO:
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Website: www.sos.ri.gov