



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 TAMP

MAR 03 2020 FOR
BY *Hester*

1. Entity ID Number 76942		2. Exact name of the Corporation Amalgamated Development III, Inc.												
3. Principal Office Address 1414 Atwood Avenue		City Johnston		State RI	Zip 02919									
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Kelly M. Coates			Vice-President Name Sheryl Carpiolato											
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Angelo Marocco, Esq.			Treasurer Name Gary Famiglietti											
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue											
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">NUMBER OF SHARES</td> <td style="width:33%;">CLASS/SERIES</td> <td style="width:33%;">PAR VALUE</td> </tr> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	No 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 Kelly M. Coates				Date 2/28/20										
Signature of Authorized Representative <i>Kelly M. Coates</i> SIGN DOCUMENT HERE														