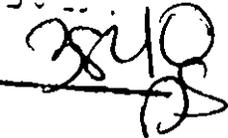




Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY: 

1. Entity ID Number 000047149		2. Exact name of the Corporation Mattiello Construction Co., Inc.			
3. Principal Office Address 160 Council Rock Road			City Cranston	State RI	Zip 02921
4. NAICS Code <i>236118</i>		6. Brief description of the character of business conducted in Rhode Island General Contracting of Commercial & Residential Construction, Property Management, Drilling & Blasting Services			
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 Anthony Mattiello, Jr.			Vice-President Name Donna M. Mattiello		
Street Address 160 Council Rock Road			Street Address 160 Council Rock Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Donna M. Mattiello			Treasurer Name Anthony Mattiello, Jr.		
Street Address 160 Council Rock Road			Street Address 160 Council Rock Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony Mattiello, Jr.			Director Name		
Street Address 160 Council Rock Road			Street Address		
City Cranston	State RI	Zip 02921	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			None		None
					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 Anthony Mattiello, Jr.				Date 1/15/2021	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov