



State of Rhode Island
Department of State - Business Services Division

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.

STAMP
 FEB 24 2021
 B. 5108905

1. Entity ID Number 0045		2. Exact name of the Corporation AGOSTINI CONSTRUCTION CO., INC.			
3. Principal Office Address 243 NARRAGANSETT PARK DRIVE			City EAST PROVIDENCE	State RI	Zip 02916
4. NAICS Code 23- CONSTRUCTION		6. Brief description of the character of business conducted in Rhode Island CARPENTRY, CABINET MAKING, AND GENERAL CONTRACTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name STEVEN J. AGOSTINI			Vice-President Name		
Street Address 120 CAMERON WAY			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name LAURA LYNCH			Treasurer Name STEVEN J. AGOSTINI		
Street Address 54 NAUSHON ROAD			Street Address 120 CAMERON WAY		
City PAWTUCKET	State RI	Zip 02861	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		666		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 STEVEN J. AGOSTINI, PRESIDENT					Date 2/18/21
Signature of Authorized Representative <i>Steven J. Agostini, President</i>					

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