



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

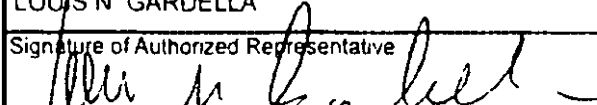
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 AUG -5 AM 2:22

1. Entity ID Number 000790839		2. Exact name of the Corporation Norwalk Marine Contractors, Inc.			
3. Principal Office Address 245 ACCESS ROAD		City STRATFORD		State CT	Zip 06615
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island CONDUCT BUSINESS AS A CONTRACTOR OR SUBCONTRACTOR FOR THE PURPOSE OF BIDDING FOR AND INSTALLING FOUNDATIONAL MATERIAL THROUGH THE DRIVING OF PILES.				
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name LOUIS N. GARDELLA			Vice-President Name		
Street Address 1 ISLAND DRIVE, UNIT 18			Street Address		
City EAST NORWALK	State CT	Zip 06855	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 5000	CLASS/SERIES CNP	PAR VALUE 0
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 LOUIS N. GARDELLA				Date 08/04/2021	
Signature of Authorized Representative 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG 05 2021

2:23

BY g. B. RMNP

FORM 530 - Revised: 03/2020