State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2021 AUG -5 AM 2:22

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.

1. Entity ID Number	2. Exact name of the Corporation
000790839	**Norwalk Marine Contractors, Inc.**

3. Principal Office Address	City	State	Zip
245 ACCESS ROAD	STRATFORD	CT	06615

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	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	Street Address	City	State	Zip
LOUIS N. GARDELLA	1 ISLAND DRIVE, UNIT 18	EAST NORWALK	CT	06855

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
5000	CNP	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	Date
LOUIS N. GARDELLA	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

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BY BRMNP

FORM 630 - Revised: 08/2020