



State of Rhode Island

Department of State - Business Services Division

**STAMP**

Annual Report for the year: 2020

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

FOR  
SECRETARY OF STATE  
USE ONLY

2021 DEC 21 PM 4:01

1. Entity ID Number <b>000547910</b>		2. Exact name of the Corporation <b>MBC CONTRACTING SERVICES INC</b>			
3. Principal Office Address <b>100 WINSOR AVE</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>238160</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONTRACTING</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL CATONE</b>			Vice-President Name <b>SAME</b>		
Street Address <b>100 WINSOR AVE</b>			Street Address		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MICHAEL CATONE</b>			Director Name		
Street Address <b>100 WINSOR AVE</b>			Street Address		
City <b>NORTHKINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <small>This information is currently of record in the Department of State.</small>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
<small>Changes require an additional filing.</small>		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000</b>		<b>COMMON</b>	<b>0</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>MICHAEL CATONE</b>				Date <b>12/20/2021</b>	
Signature of Authorized Representative <i>X Michael Catone</i>					

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MAIL TO:  
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