RI SOS Filing Number: 202211085630 Date: 2/16/2022 4:00:00 PM

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State of Rhode Island

## **Department of State - Business Services Division**

| Annual | Report t | for the | year: |
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2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

| FILED         |
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| BY            |
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| Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  State RI  Treasurer Name Robert Castelli  Street Address 4 Greenbush Drive  Street Address 4 Greenbush Drive  City Cranston  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  Check the box to indicate an attachment Director Name  Robert Castelli  Street Address  Generally State RI  Zip 02921  Street Address  Check the box to indicate an attachment Director Name  Street Address  Street Address   | •   |                       |   |  |   | <u> </u>      |                            |  |  |
|--|---|-----------------------|---|--|---|---------------|----------------------------|--|--|
| 3. Principal Office Address 4 Greenbush Drive Cranston RI  6. Binef description of the character of business conducted in Rhode Island General Contracting Services  5. State of Incorporation RI  7. List ALL officers (names and addresses) Check the box to indicate an attachmen President Name Robert Castelli Street Address 4 Greenbush Drive  City Cranston State Ri  Zip 02921  City Cranston Street Address 4 Greenbush Drive  Street Address 4 Greenbush Drive  City Cranston State Ri  Zip 02921  City Cranston Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  | · ·   |                       | •   |  |   |               | <del>-</del>               |  |  |
| 4 Greenbush Drive  4 Nation Code  4 Nation Code  5 State of Incorporation RI  7 List ALL officers (names and addresses)  Fresident Name Robert Castelli  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  State RI  Street Address  Check the box to indicate an attachment of the character of business conducted in Rhode Island  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  City Cranston  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranston  City Cranston  Check the box to indicate an attachment of the character of business conducted in Rhode Island  City Cranst |   | R. Cas                | telli Contracto   | ors, Inc.                              |   |               |                            |  |  |
| 6. Brief description of the character of business conducted in Rhode Island  General Contracting Services  Check the box to indicate an attachmen Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address  Check the box to indicate an attachmen Director Name  Street Address  4 Greenbush Drive  City Cranston  State RI  Street Address  Check the box to indicate an attachmen Director Name  Street Address  Check the box to indicate an attachmen Director Name  Street Address  Check the box to indicate an attachmen Director Name  Director Name  Street Address  Check the box to indicate an attachmen Director Name  Director Name  Street Address  Check the box to indicate an attachmen Director Name  Director Name  Director Name  Director Name  | •   |                       | н   |  |   | 1             | I '                        |  |  |
| State of Incorporation RI  7. List ALL officers (names and addresses)  President Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address  Check the box to indicate an attachment Director Name  Street Address  Check the box to indicate an attachment Director Name  Director Name  Street Address  Other Castelli  Street Address  City Cranston  State RI  Street Address  Other Castelli  Street Address  | 4 Greenbush Drive   |                       |   | Cranston                               | 1   | RI            | 02921                      |  |  |
| 5. State of Incorporation RI  7. List ALL officers (names and addresses)  President Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  Secretary Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Check the box to indicate an attachment Director Name  Check the box to indicate an attachment Director Name  Street Address  4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  Street Address  Check the box to indicate an attachment Director Name  Street Address  Check the box to indicate an attachment Director Name  Director Name  Street Address  City Cranston  Director Name  Director Name  Director Name  Director Name  Director Name  | 4-NAICS Code  | 6. Brief desc         | 6. Brief description of the character of business conducted in Rhode Island |  |   |               |                            |  |  |
| 5. State of Incorporation RI  7. List ALL officers (names and addresses)  President Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address 4 Greenbush Drive  City Cranston  Secretary Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Check the box to indicate an attachment Director Name  Check the box to indicate an attachment Director Name  Street Address  4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  Street Address  Check the box to indicate an attachment Director Name  Street Address  Check the box to indicate an attachment Director Name  Director Name  Street Address  City Cranston  Director Name  Director Name  Director Name  Director Name  Director Name  | 20011   | S General             | General Contracting Services  |  |   |               |                            |  |  |
| Check the box to indicate an attachment  | State of Incorporation                                      |                       | Contracting CC  | 111000                                 |   |               |                            |  |  |
| Street Address   A Greenbush Drive   Street Address   4 Greenbush Drive   Street Address   4 Greenbush Drive   Street Address   4 Greenbush Drive   State   RI   Zip 02921   City Cranston   State   RI   Zip 02921   Street Address   4 Greenbush Drive   State   RI   Zip 02921   City Cranston   State   RI   Zip 02921   City Cranston   State   RI   Zip 02921   Check the box to indicate an attachmen   Director Name   Robert Castelli   Street Address   4 Greenbush Drive   Street Address   Check the box to indicate an attachmen   City Cranston   State   RI   Zip 02921   City Cranston   State   Zip 02921   City Cranston   City   | RI  |                       |   |  |   |               |                            |  |  |
| Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Treasurer Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Check the box to indicate an attachmen Director Name  Robert Castelli  Street Address  Check the box to indicate an attachmen Director Name  City Cranston  Street Address  City Cranston  Street Address  City Cranston  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name   | 7. List ALL officers (names an                              | nd addresses)         |   |  | Check                                       | the box to i  | ndicate an attachment      |  |  |
| Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Treasurer Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Check the box to indicate an attachmen Director Name  Robert Castelli  Street Address  Check the box to indicate an attachmen Director Name  City Cranston  Street Address  City Cranston  Street Address  City Cranston  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name   | President Name Robert Castelli                              |                       |   | Vice-President Name<br>Robert Castelli |   |               |                            |  |  |
| State   RI   Zip   02921   City   Cranston   State   RI   Zip   02921  |   |                       |   |  |   |               |                            |  |  |
| Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address City Cranston  State RI  Street Address City Cranston  State RI  City Cranston  City Cranston  City Cranston  Check the box to indicate an attachment of the bo |   | sh Drive              |   |  | 4 Greenbush Drive                           |               |                            |  |  |
| Street Address 4 Greenbush Drive  City Cranston  State RI  Street Address City Cranston  State RI  Street Address City Cranston  State RI  City Cranston  City Cranston  City Cranston  Check the box to indicate an attachment of the bo | <sup>City</sup> Cranston                                    | State RI              | <sup>Z<sub>1</sub>p</sup> 02921   | City Cranst                            | on  | State RI      | <sup>Zip</sup> 02921       |  |  |
| Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  City Cranston  Check the box to indicate an attachment Director Name  Robert Castelli  Street Address  4 Greenbush Drive  City Cranston  Check the box to indicate an attachment Director Name  Street Address  City Cranston  City Cranston  Check the box to indicate an attachment Director Name  City Cranston  Director Name  City Cranston  Director Name  Director Name  Director Name  | Secretary Name  | l                     |   |  |   |               |                            |  |  |
| City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Check the box to indicate an attachment Director Name  Robert Castelli  Street Address  4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  Street Address  City Cranston  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  | Robert Castelli   |                       |   |  |   |               |                            |  |  |
| City Cranston  State RI  Zip 02921  City Cranston  State RI  Zip 02921  Check the box to indicate an attachment Director Name  Robert Castelli  Street Address  4 Greenbush Drive  City Cranston  State RI  Zip 02921  City Cranston  Street Address  City Cranston  Director Name  Director Name  Director Name  Director Name  Director Name  Director Name  | Street Address 4 Greenbush Drive                            |                       |   | Street Address                         | s<br>4 Greenbush Dr                         | ive           |                            |  |  |
| 8. List ALL directors (names and addresses)  Director Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Director Name  Director Name  Director Name  Director Name   |   | State DI              | Zip   |  |   |               | Zip 0202 t                 |  |  |
| Director Name Robert Castelli  Street Address 4 Greenbush Drive  City Cranston  State RI  Zip 02921  Director Name  Director Name  Director Name   |   | <u>.</u>              | 02921   |  |   |               | 1                          |  |  |
| Street Address 4 Greenbush Drive  City Cranston  State RI  State RI  State RI  Director Name  Street Address  City Cranston  Director Name   | Director Name   |                       |   | Director Name                          |   | the box to i  | ndicate an attachment      |  |  |
| City Cranston  State RI  Zip 02921  City  Director Name  Director Name   | Robert Castelli   |                       |   | Director Name                          | <b>3</b>                                    |               |                            |  |  |
| City Cranston  State RI  Zip 02921  City  Director Name  Director Name   | Street Address 4 Greenbush Drive                            |                       | Street Address  | Street Address                         |   |               |                            |  |  |
| Director Name Director Name  |   | UState                | IZin  | City                                   |   | State         | TZio.                      |  |  |
|  |   | RI                    | 02921   |  |   | Ciale         |                            |  |  |
| Street Address Street Address  | Director Name   |                       |   | Director Name                          | 2   |               |                            |  |  |
|  | Street Address  |                       |   | Street Address                         | Street Address                              |               |                            |  |  |
|  |   |                       |   |  | -   |               |                            |  |  |
| City State Zip City State Zip  | City  | State                 | Zip   | City                                   |   | State         | Zip                        |  |  |
| 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment   | 9. Shares Authorized  | <u> </u>              | 10. Shares Iss  | ued                                    | Check                                       | the box to :  |                            |  |  |
| This information is currently of record in the NUMBER OF SHARES CLASS/SERIES PAR VALUE   | This information is currently of record in the              |                       |   |  |   |               |                            |  |  |
| Department of State. 100 common No par value   | Department of State. Changes require an additional filling. |                       | 100   |  | common                                      |               | No par value               |  |  |
| Changes require an additional filing.  |   |                       | -   | <del></del>                            | -   |               | · ·                        |  |  |
| 11. This report must be executed an height of the corporation by an outborned corporation in the bands of a second state.  | 11. This report must be execu                               | ited on behalf of the | corporation by an   | nuthorized reases                      | contains If the asses                       | ration in in  | the hands of a seconds as  |  |  |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receive trustee, this report must be executed on behalf of the corporation by the receiver or trustee.  | trustee, this report must be ex                             | kecuted on behalf o   | f the corporation by  | the receiver or to                     | sentative, ii the corpo<br>r <u>ust</u> ee. | iration is in | the namos of a receiver or |  |  |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and  | Under penalty of perjury, I d                               | declare and affirm    | that I have examin  | ed this report, i                      |   | npanying s    | chedules and               |  |  |
| Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date 1  |   |                       | i nerein are true an  | a correct.                             |   | Date •        | 1                          |  |  |
| Robert Castelli 2/14/22  | 14/22   |                       |   |  |   |               |                            |  |  |
| Signature of Authorized Representative   |   |                       |   |  |   |               |                            |  |  |
|  | ( ///   |                       |   |  |   |               |                            |  |  |
|  |   |                       | -   |  |   |               |                            |  |  |

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov