



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 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.

FEB 16 2022  
 BY

1. Entity ID Number <b>73497</b>		2. Exact name of the Corporation <b>R. Castelli Contractors, Inc.</b>			
3. Principal Office Address <b>4 Greenbush Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Contracting Services</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>Robert Castelli</b>			Vice-President Name <b>Robert Castelli</b>		
Street Address <b>4 Greenbush Drive</b>			Street Address <b>4 Greenbush Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Robert Castelli</b>			Treasurer Name <b>Robert Castelli</b>		
Street Address <b>4 Greenbush Drive</b>			Street Address <b>4 Greenbush Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
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>Robert Castelli</b>			Director Name		
Street Address <b>4 Greenbush Drive</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	No par value
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>Robert Castelli</b>				Date <b>2/14/22</b>	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
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