


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

JAN 31 2023

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 4756		2. Exact name of the Corporation CONTENTI SUPPLY, INC. <i>Naics- 332216</i>			
3. Principal office address 515 Narragansett Park Drive			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-305-3000			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Distributor of Tools and Equipment					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John A. Contenti			Vice-President Name None		
Street Address 515 Narragansett Park Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Bruce G. Elias			Treasurer Name Carol Ann Griffith		
Street Address 515 Narragansett Park Drive			Street Address 515 Narragansett Park Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John A. Contenti			Director Name Bruce G. Elias		
Street Address 515 Narragansett Park Drive			Street Address 515 Narragansett Park Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Carol Ann Griffith			Director Name		
Street Address 515 Narragansett Park Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	No par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

John A. Contenti
 Signature of Authorized Representative

1-24-2023

Date

John A. Contenti President

Print or Type Name of Authorized Representative