



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
 1123 *a*

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 ALL 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
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
8. LIST ALL 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
Director Name Carol Ann Griffith		Director Name		
Street Address 515 Narragansett Park Drive		Street Address		
City Pawtucket	State RI	Zip 02861	City	State
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: _____

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 1-24-2023
 Signature of Authorized Representative Date

John A. Contenti President
 Print or Type Name of Authorized Representative