



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

STAMP

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 000076942		2. Exact name of the Corporation Amalgamated Development III, Inc.		2023 FEB 10 4:00 PM										
3. Principal Office Address 1414 Atwood Avenue		City Johnston	State RI	Zip 02919										
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Kelly M. Coates		Vice-President Name Sheryl Carpianto												
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue												
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name Angelo Marocco, Esq		Treasurer Name Kelly M. Coates												
Street Address 1200 Reservoir Avenue		Street Address 1414 Atwood Avenue												
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Comon</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Comon	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Comon	No Par Value												
Changes require an additional filing.														
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.														
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.														
Name of Authorized Representative Kelly Coates				Date 11/30/2023										
Signature of Authorized Representative <i>Kelly M. Coates President</i>				FILED 132										

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 BY 11448  
 FEB 10 2023