



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

STAMP

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R.I. DEPT. OF STATE  
BUS SVCS DIV

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

1. Entity ID Number 000076942		2. Exact name of the Corporation Amalgamated Development III, Inc.		2023 FEB 10 11 43 32	
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 Carpiolato			
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Comon	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.					
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	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3340  
 Website: www.sos.ri.gov

FILED  
 FEB 10 2023  
 BY 11448