



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

STAMP

FOR SECRETARY OF STATE USE ONLY

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

RECEIVED  
RI DEPT OF STATE  
BUS SVCS DIV

2023 FEB 10 P 11  
State RI Zip 02919

1. Entity ID Number 000074115		2. Exact name of the Corporation Carpionato Properties, Inc.	
3. Principal Office Address 1414 Atwood Avenue		City Johnston	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 Carpionato	
Street Address 1414 Atwood Avenue		Street Address 1414 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		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	City Johnston	State RI
Zip 02920		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		1000	Comon
			PAR VALUE
			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 Kelly Coates			Date 1/30/2023
Signature of Authorized Representative <i>Kelly Coates</i> President			

FILED 13

FILED FEB 10 2023  
BY MDEM5

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov