



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.

FILED

MAR 16 2023

BY

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1. Entity ID Number 73497		2. Exact name of the Corporation R. Castelli Contractors, Inc.			
3. Principal Office Address 4 Greenbush Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 23-Construction		6. Brief description of the character of business conducted in Rhode Island General Contracting Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Castelli			Vice-President Name Robert Castelli		
Street Address 4 Greenbush Drive			Street Address 4 Greenbush Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Robert Castelli			Treasurer Name Robert Castelli		
Street Address 4 Greenbush Drive			Street Address 4 Greenbush Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Castelli			Director Name		
Street Address 4 Greenbush Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			common		
			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 Robert Castelli					Date 03/14/2023
Signature of Authorized Representative 					