



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

Amended

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 27 PM 1:17

- 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 000571481		2. Exact name of the Corporation BAIL RI LTD	
3. Principal Office Address 199 Deerfield Rd		City Cranston	State RI
		Zip 02920	
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island Bail Bonds, Cell Phone forensics, Private Investigations TRACKING, locating fugitives, penetration testing		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank Castelli		Vice-President Name Laurie Castelli	
Street Address 199 Deerfield Rd		Street Address 199 Deerfield Rd	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 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	STK
			0.0100
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 Frank Castelli			Date 4/24/23
Signature of Authorized Representative <i>Frank Castelli</i>			FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

April 27, 2023 01:17 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

