



State of Rhode Island  
Department of State - Business Services Division

MAY 16 2023 *RV*  
241

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.

1. Entity ID Number 000116025		2. Exact name of the Corporation COLETTA CONTRACTING COMPANY, INC.				
3. Principal Office Address 12 WINSOR DRIVE		City BARRINGTON		State RI	Zip 02806	
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING;SUBCONTRACTING;GENERAL CONSTRUCTION				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>						
President Name ROBERT J. COLETTA			Vice-President Name JUSTIN J. COLETTA			
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806	
Secretary Name JUSTIN J. COLETTA			Treasurer Name ROBERT J. COLETTA			
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>						
Director Name ROBERT J. COLETTA			Director Name JUSTIN J. COLETTA			
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized						
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		10	COMMON		NONE	
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. <i>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.</i>						
Name of Authorized Representative ROBERT J. COLETTA				Date 5/13/23		
Signature of Authorized Representative <i>[Handwritten Signature]</i>						

MAIL TO:  
Division of Business Services  
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