



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.

MAY 16 2023

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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)			Check the box to indicate an attachment		
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)			Check the box to indicate an attachment		
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			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment		
			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. 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 J. COLETTA				Date 5/3/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630- Revised 04/2023