



**State of Rhode Island
Department of State - Business Services Division**

FILED

Annual Report for the year: 2024
Corporation

FEB 09 2024
BY 218949

- 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 <u>26-0199088</u>	2. Exact name of the Corporation <u>Coastal Concrete Form Co.</u>
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3. Principal Office Address <u>3942 Kingstown RD</u>		City <u>West Kingston</u>	State <u>RI</u>	Zip <u>02892</u>
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4. NAICS Code <u>238190</u>	6. Brief description of the character of business conducted in Rhode Island <u>INSTALL NEW CONCRETE WALL, FOUNDATIONS</u>
5. State of Incorporation <u>Rhode Island</u>	

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Brendan Spicwak</u>			Vice-President Name <u>Michael Spicwak</u>		
Street Address <u>40 Liberty Lane</u>			Street Address <u>33 Schooner Dr.</u>		
City <u>West Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>Wickfield</u>	State <u>RI</u>	Zip <u>02879</u>
Secretary Name <u>Brendan Spicwak</u>			Treasurer Name <u>Michael Spicwak</u>		
Street Address <u>45 Liberty Lane</u>			Street Address <u>33 Schooner Dr.</u>		
City <u>W Kingston</u>	State <u>RI</u>	Zip <u>02892</u>	City <u>Wickfield</u>	State <u>RI</u>	Zip <u>02879</u>

8. List ALL directors (names and addresses) Check the box to indicate an attachment

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

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>100</u>	<u>50</u>	
		<u>50</u>	

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 <u>Brendan Spicwak</u>	Date <u>1-29-24</u>
Signature of Authorized Representative 	