



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 3
FEB 12 2024
BY Wille
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1. Entity ID Number 000010133		2. Exact name of the Corporation Meshanticut Properties, Inc.				
3. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name Kelly M. Coates			Vice-President Name Sheryl Carpionato			
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919	
Secretary Name Angelo Marocco, Esq			Treasurer Name Kelly M. Coates			
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue			
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919	
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 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VA. JF
		1	Class A	\$1.00		
		99	Class B	\$1.00		
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 Kelly Coates					Date 1/17/29	
Signature of Authorized Representative 						

MAIL TO:
Division of Business Services
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