State of Rhode Island
Department of State - Business Services Division

FILED
FEB 2 0 2024
BY

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.

1. Entity ID Number	2. Exact name of the Corporation		
073497	R. Castelli Contractors, Inc.		
3. Principal Office Address	City	State	Zip
4 Greenbush Drive	Cranston	RI	02921
4. NAICS Code: 236118	6. Brief description of the character of business conducted in Rhode Island: General Contracting Services		
5. State of Incorporation: RI			

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

President Name	Vice-President Name
Robert Castelli	Robert Castelli
Street Address: 4 Greenbush Drive	Street Address: 4 Greenbush Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Secretary Name: Robert Castelli	Treasurer Name: Robert Castelli
Street Address: 4 Greenbush Drive	Street Address: 4 Greenbush Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921

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

Director Name	Director Name
Robert Castelli	
Street Address: 4 Greenbush Drive	Street Address:
City: Cranston, State: RI, Zip: 02921	City, State, Zip:
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no pare value

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 Castelli
Date: 2/8/24
Signature of Authorized Representative:

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