



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 22 2024

BY *[Signature]* 17308

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000791341		2. Exact name of the Corporation Northstar Construction Services Corp.			
3. Principal Office Address 200 Mount Laurel Circle			City Shirley	State MA	Zip 01464
4. NAICS Code 238180		6. Brief description of the character of business conducted in Rhode Island Roofing and general contractor.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John LaStella			Vice-President Name Todd Rotti		
Street Address 200 Mount Laurel Circle			Street Address 200 Mount Laurel Circle		
City Shirley	State MA	Zip 01464	City Shirley	State MA	Zip 01464
Secretary Name John LaStella			Treasurer Name John LaStella		
Street Address 200 Mount Laurel Circle			Street Address 200 Mount Laurel Circle		
City Shirley	State MA	Zip 01464	City Shirley	State MA	Zip 01464
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John LaStella			Director Name		
Street Address 200 Mount Laurel Circle			Street Address		
City Shirley	State MA	Zip 01464	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			125	Common	No par 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. <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 John LaStella, President				Date 2/25/24	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov