State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2024
BY 13084

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
000004371	Coastal States Construction, Inc.

3. Principal Office Address	City	State	Zip
2205 Chestnut Street	North Dighton	MA	02764

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238190	General construction
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Abel Mariano	None
Street Address: 2205 Chestnut Street	Street Address:
City: North Dighton, State: MA, Zip: 02764	City: , State: , Zip:
Secretary Name: Abel Mariano	Treasurer Name: Abel Mariano
Street Address: 2205 Chestnut Street	Street Address: 2205 Chestnut Street
City: North Dighton, State: MA, Zip: 02764	City: North Dighton, State: MA, Zip: 02764

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

Director Name	Director Name
Abel Mariano	
Street Address: 2205 Chestnut Street	Street Address:
City: North Dighton, State: MA, Zip: 02764	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 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.

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	Date
Abel Mariano	2-16-2024

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

FORM 630- Revised: 12/2023