



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

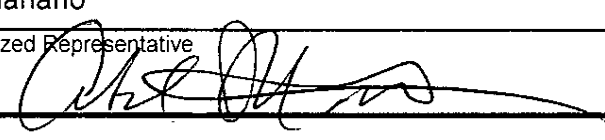
- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 26 2024

BY

13084

1. Entity ID Number 000004371		2. Exact name of the Corporation Coastal States Construction, Inc.			
3. Principal Office Address 2205 Chestnut Street			City North Dighton	State MA	Zip 02764
4. NAICS Code 238190		6. Brief description of the character of business conducted in Rhode Island General construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Abel Mariano			Vice-President Name 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 Abel Mariano			Director Name		
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 Check the box to indicate an attachment ☐					
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 100	CLASS/SERIES Common	PAR VALUE 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 Abel Mariano				Date 2-16-2024	
Signature of Authorized Representative 					

MAIL TO:
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