



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.

FEB 29 2024

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1. Entity ID Number 101248		2. Exact name of the Corporation Conti Brothers, Inc.			
3. Principal Office Address 703-705 Atwells Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General contracting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Conti			Vice-President Name Michael Conti		
Street Address 10 Tevere Drive			Street Address 211 Cardinal Road		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02921
Secretary Name Jillian Geraghty			Treasurer Name Joyce Conti		
Street Address 10 Tevere Drive			Street Address 10 Tevere Drive		
City Johnston	State RI	Zip 02919	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 Richard Conti			Director Name None		
Street Address 10 Tevere Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
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 100	CLASS/SERIES STK	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 Richard Conti				Date 2-26-2024	
Signature of Authorized Representative 					

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