RI SOS Filing Number: 202449949960 Date: 4/1/2024 4:00:00 PM

NORTHSTX 03/27/2024

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
APR 01 2024
BY

1 Entity ID Number	2. Exact name of the Corporation			
791341	NORTHSTAR CONSTRUCTION SERVICES COR			
3. Principal Office Address		City	State	Zip
200 MOUNT LAUREL CIRCLE		SHIRLEY	MA	01464
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238900				
5 State of Incorporation				
MA	GENERAL CONTRACTIN			

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

President Name			Vice-President Name		
JOHN M LASTELLA					
Street Address			Street Address		
40 ALBERT DR					
City	State	Zip	City	State	Zip
LEOMINSTER	MA	01453			
Secretary Name			Treasurer Name		
JOHN M LASTELLA			JOHN M LASTELLA		
Street Address			Street Address		
200 MT. LAUREL CIRCLE			200 MT. LAUREL CIRCLE		
City	State	Zip	City	State	Zip
SHIRLEY	MA	01464	SHIRLEY	MA	01464

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

Director Name			Director Name		
JOHN M LASTELLA			TODD ROTTI		
Street Address			Street Address		
200 MT. LAUREL CIRCLE			18 NEWELL HILL RD		
City	State	Zip	City	State	Zip
SHIRLEY	MA	01464	STERLING	MA	01564
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 ☐

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	1000

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 — Pres — Date 3/27/2024

Signature of Authorized Representative
JOHN M LASTELLA

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