



**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.

APR 11 2024
3159 *W*

1. Entity ID Number 1737231		2. Exact name of the Corporation Coastal Counters & Cabinets, Inc.			
3. Principal Office Address 386 Stone Church Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island General Construction, renovation, carpentry, and any other legally related endeavors			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Claudio DeMacedo			Vice-President Name Jessica DeMacedo		
Street Address 386 Stone Church Street			Street Address 386 Stone Church Street		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Claudio DeMacedo			Treasurer Name Claudio DeMacedo		
Street Address 386 Stone Church Street			Street Address 386 Stone Church Street		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Claudio DeMacedo			Director Name Jessica DeMacedo		
Street Address 386 Stone Church Street			Street Address 386 Stone Church Street		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name			Director Name		
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		CLASS/SERIES	
		NUMBER OF SHARES	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 Claudio DeMacedo					Date 4/3/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov