



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

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BY

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| 1. Entity ID Number<br>000051820  |               | 2. Exact name of the Corporation<br>CASTLE BUILDERS, INC.  |   |             |                   |                  |               |           |     |        |              |
|---|---------------|--|---|-------------|-------------------|------------------|---------------|-----------|-----|--------|--------------|
| 3. Principal Office Address<br>159 Marlow Street  |               |  | City<br>Cranston  | State<br>RI | Zip<br>02920      |                  |               |           |     |        |              |
| 4. NAICS Code<br>238990   |               | 6. Brief description of the character of business conducted in Rhode Island<br>General Construction Business |   |             |                   |                  |               |           |     |        |              |
| 5. State of Incorporation<br>RI   |               |  |   |             |                   |                  |               |           |     |        |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |               |  |   |             |                   |                  |               |           |     |        |              |
| President Name<br>Anthony S. Castelli   |               |  | Vice-President Name<br>Steven J. Castelli   |             |                   |                  |               |           |     |        |              |
| Street Address<br>159 Marlow Street   |               |  | Street Address<br>145 Marlow Street   |             |                   |                  |               |           |     |        |              |
| City<br>Cranston  | State<br>RI   | Zip<br>02920   | City<br>Cranston  | State<br>RI | Zip<br>02920      |                  |               |           |     |        |              |
| Secretary Name<br>Steven J. Castelli  |               |  | Treasurer Name<br>Anthony S. Castelli   |             |                   |                  |               |           |     |        |              |
| Street Address<br>145 Marlow Street   |               |  | Street Address<br>159 Marlow Street   |             |                   |                  |               |           |     |        |              |
| City<br>Cranston  | State<br>RI   | Zip<br>02920   | City<br>Cranston  | State<br>RI | Zip<br>02920      |                  |               |           |     |        |              |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |               |  |   |             |                   |                  |               |           |     |        |              |
| Director Name<br>N/A  |               |  | Director Name<br>N/A  |             |                   |                  |               |           |     |        |              |
| Street Address  |               |  | Street Address  |             |                   |                  |               |           |     |        |              |
| City  | State         | Zip  | City  | State       | Zip               |                  |               |           |     |        |              |
| Director Name   |               |  | Director Name   |             |                   |                  |               |           |     |        |              |
| Street Address  |               |  | Street Address  |             |                   |                  |               |           |     |        |              |
| City  | State         | Zip  | City  | State       | Zip               |                  |               |           |     |        |              |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |               |  |   |             |                   |                  |               |           |     |        |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |               |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |                   |                  |               |           |     |        |              |
|   |               |  | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STRIKES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |             |                   | NUMBER OF SHARES | CLASS/STRIKES | PAR VALUE | 200 | Common | No Par Value |
| NUMBER OF SHARES  | CLASS/STRIKES | PAR VALUE  |   |             |                   |                  |               |           |     |        |              |
| 200   | 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. |               |  |   |             |                   |                  |               |           |     |        |              |
| <b>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.</b>                                       |               |  |   |             |                   |                  |               |           |     |        |              |
| Name of Authorized Representative<br>Anthony S. Castelli, President   |               |  |   |             | Date<br>✓ 4/10/24 |                  |               |           |     |        |              |
| Signature of Authorized Representative<br>  |               |  |   |             |                   |                  |               |           |     |        |              |

MAIL TO:

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