



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

MAY 8 2024

BY

21633

1. Entity ID Number 375116		2. Exact name of the Corporation MELUCCI CONSTRUCTION, INC.	
3. Principal Office Address 385 Rockland Road		City North Scituate	State RI
		Zip 02857	
4. NAICS Code 236115	6. Brief description of the character of business conducted in Rhode Island residential and commercial construction services		
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 Michael Melucci		Vice-President Name None	
Street Address 385 Rockland Road		Street Address	
City North Scituate	State RI	Zip 02857	
Secretary Name Michael Melucci		Treasurer Name Michael Melucci	
Street Address 385 Rockland Road		Street Address 385 Rockland Road	
City North Scituate	State RI	Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Melucci		Director Name	
Street Address 285 Rockland Road		Street Address	
City North Scituate	State RI	Zip 02857	
Director Name		Director Name	
Street Address		Street Address	
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	common
Changes require an additional filing.			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 Michael Melucci		Date 4/29/24	
Signature of Authorized Representative <i>Michael Melucci</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov