



**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 24 2024
BY 846707

1. Entity ID Number 000116025		2. Exact name of the Corporation COLETTA CONTRACTING COMPANY, INC.			
3. Principal Office Address 12 WINSOR DRIVE			City BARRINGTON	State RI	Zip 02806
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING; SUBCONTRACTING; GENERAL CONSTRUCTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name ROBERT J. COLETTA			Vice-President Name JUSTIN J. COLETTA		
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name JUSTIN J. COLETTA			Treasurer Name ROBERT J. COLETTA		
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name ROBERT J. COLETTA			Director Name JUSTIN J. COLETTA		
Street Address 12 WINSOR DRIVE			Street Address 12 WINSOR DRIVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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
		10	COMMON	NONE	
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 ROBERT J. COLETTA					Date 5/18/24
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov