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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
001708711	Gary M. Vacca Building Contractor, Inc.			
3. Principal Office Address: 9 Coggswell Street	City: Pawcatuck	State: CT	Zip: 06379	
4. NAICS Code: 236115	6. Brief description of the character of business conducted in Rhode Island: General Contractor			
5. State of Incorporation: Connecticut				

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

President Name: Gary Vacca			Vice-President Name:		
Street Address: 36 Al Harvey Road			Street Address:		
City: Stonington	State: CT	Zip: 06378	City:	State:	Zip:
Secretary Name: Annette Vacca			Treasurer Name:		
Street Address: 36 Al Harvey Road			Street Address:		
City: Stonington	State: CT	Zip: 06378	City:	State:	Zip:

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

Director Name: Gary Vacca			Director Name:		
Street Address: 36 Al Harvey Road			Street Address:		
City: Stonington	State: CT	Zip: 06378	City:	State:	Zip:
Director Name: Annette Vacca			Director Name:		
Street Address: 36 Al Harvey Road			Street Address:		
City: Stonington	State: CT	Zip: 06378	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
	5000	Common	$-0-

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: Annette Vacca — Date: 06-12-2024

Signature of Authorized Representative: Annette Vacca

FILED

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

JUN 13 2024
BY MVL29
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FORM 630- Revised: 12/2023