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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2021**

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. Entry ID Number 001708711		2. Exact name of the Corporation Gary M. Vacca Building Contractor, Inc.			
3. Principal Office Address 9 Cogswell Street			City Pawcatuck	State CT	Zip 06379
4. NAICS Code 238115		8. 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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		CLASSIFIED	
		NUMBER OF SHARES		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. <i>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.</i>					
Name of Authorized Representative Annette Vacca				Date 06-12-2024	
Signature of Authorized Representative <i>Annette Vacca</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

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