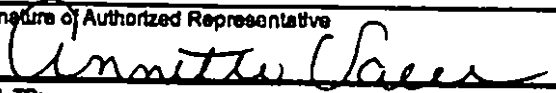


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 **State of Rhode Island
Department of State - Business Services Division**

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 CT
Secretary Name Annette Vacca		Treasurer Name		
Street Address 36 Al Harvey Road		Street Address		
City Stonington	State CT	Zip 06378	City	State CT
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 CT
Director Name Annette Vacca		Director Name		
Street Address 36 Al Harvey Road		Street Address		
City Stonington	State CT	Zip 06378	City	State CT
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 Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 5000	CLASSIFIED Common	PAR VALUE \$-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 				

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

FILED

JUN 13 2024
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