



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

FILED

Annual Report for the year: **2025**

Corporation _____

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

JAN 24 2025
BY 126339

1 Entity ID Number 4756		2 Exact name of the Corporation Contenti Supply, Inc.			
3 Principal Office Address 515 Narragansett Park Drive			City Pawtucket	State RI	Zip 02861
4 NAICS Code 339999 Manufacturing		6 Brief description of the character of business conducted in Rhode Island Jewelry-manufacturing tools			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. Contenti			Vice-President Name None		
Street Address 515 Narragansett Park Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Bruce G. Elias			Treasurer Name Carol Ann Griffith		
Street Address 515 Narragansett Park Drive			Street Address 515 Narragansett Park Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Contenti			Director Name Bruce G. Elias		
Street Address 515 Narragansett Park Drive			Street Address 515 Narragansett Park Drive		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name Carol Ann Griffith			Director Name		
Street Address 515 Narragansett Park Drive			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
9 Shares Authorized		10 Shares Issued 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.		NUMBER OF SHARES		CLASS/SES	
		600		Common	
				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 John A. Contenti, President				Date 1/16/2025	
Signature of Authorized Representative <i>John A. Contenti</i> PRES					

MAIL TO:
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Website: www.sos.ri.gov