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RI SOS Filing Number: 202564617920 Date: 2/6/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 Corporation

→ Filing period: February 1 - May 1

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Filing Fee: \$50.00 Penalty: Additional \$25.00 f	ee if form is not	filed by May 31.			10		
1. Entity ID Number 000094435	2. Exact name of the Corporation Coastal Properties South County, Inc.						
3. Principal Office Address 2137 Commodore Perry Highway			City Wakefield	_	State RI	Zip 02879	
4. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island To buy, sell and develop residential and commercial real estate						
5. State of Incorporation RI							
7. List ALL officers (names and ad	dresses)			Check th	ne box to in	dicate an attachment	
President Name James W. O'Neill			Vice-President Name James W. O'Neill				
Street Address 2137 Commodore Perry Highway			Street Address 2137 Commodore Perry Highway				
City Wakefield	State RI	Zip 02879	City Wakefield		State RI	Zip 02879	
Secretary Name James W. O'Neill			Treasurer Name James W. O'Neill				
Street Address 2137 Commodore Perry Highway			Street Address 2137 Commodo	Street Address 2137 Commodore Perry Highway			
City Wakefield	State RI	Zip 02879	City Wakefield		State RI	Zip 02879	
8. List ALL directors (names and a	ddresses)		-	Check th	ne box to in	dicate an attachment	
Director Name James W. O'Neill			Director Name				
Street Address							
2137 Commodore Perry Highway			Street Address				
City	State	Zip	City		State	Zip	
Wakefield	[RI	02879			<u> </u>		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares Is		10. Shares Iss	sued Check the box to indicate an attachment				
This information is currently of record in the				CLASS/SERIES			
Department of State. Changes require an additional filing.		100	100 Common Si		nares no par value		
11. This report must be executed of trustee, this report must be execute	on behalf of the co				ation is in th	e hands of a receiver or	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm the	nt I have examin	ed this report, incl		panying sci	hedules and	
Name of Authorized Representative Diveril							
Signature of Authorized Represent		W)	ritet	Ú	0		
MAIL TO: Division of Bosiness Services			FEB UU	1784			

Phone: (401) 222-3040 Website: www.sos.ri.gov