



State of Rhode Island
Department of State - Business Services Division

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.



1. Entity ID Number 000004364		2. Exact name of the Corporation Coastal Electric, Inc.			
3. Principal Office Address 64 Halsey Street, #21			City Newport	State RI	Zip 02840
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical contracting.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Costa Gianetis			Vice-President Name Costa Gianetis		
Street Address 64 Halsey Street, #21			Street Address 64 Halsey Street, #21		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Costa Gianetis			Treasurer Name Costa Gianetis		
Street Address 64 Halsey Street, #21			Street Address 64 Halsey Street, #21		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Costa Gianetis			Director Name Thomas J. Gianetis		
Street Address 64 Halsey Street, #21			Street Address 64 Halsey Street, #21		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/SERIES		
			PAR VALUE		
			90 Common Shares 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 Costa Gianetis				Date 2/25/25	
Signature of Authorized Representative <i>Costa Gianetis</i>				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

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BY **XZ QGS**
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FORM 630 - Revised: 04/2023