State of Rhode Island
Department of State - Business Services Division

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2025 MAY 30 PM 3:49:23

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	2. Exact name of the Corporation			
4785	CONTRACT SPECIALTIES, INC.			
3. Principal Office Address		City	State	Zip
234 Hartford Avenue		Providence	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339910	Jewelry and any other lawful business.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Donna Lee Fantozzi			Vice-President Name: Joseph Fantozzi		
Street Address: 234 Hartford Avenue			Street Address: 234 Hartford Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name: Donna Lee Fantozzi			Treasurer Name: David Gambuto		
Street Address: 234 Hartford Avenue			Street Address: 234 Hartford Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David Gambuto			Director Name: Donna Lee Fantozzi		
Street Address: 234 Hartford Avenue			Street Address: 234 Hartford Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
268	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: Donna Lee Fantozzi

Date: 5-20-25

Signature of Authorized Representative: Donna Lee Fantozzi

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
MAY 30 2025
BY

FORM 630 - Revised: 11/2021