



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2025 MAY 30 P 3: 10

1. Entity ID Number 375116		2. Exact name of the Corporation MELUCCI CONSTRUCTION, INC.			
3. Principal Office Address 385 Rockland Road			City North Scituate	State RI	Zip 02857
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island residential and commercial construction services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Michael Melucci			Vice-President Name None		
Street Address 385 Rockland Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Michael Melucci			Treasurer Name Michael Melucci		
Street Address 385 Rockland Road			Street Address 385 Rockland Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael Melucci			Director Name		
Street Address 285 Rockland Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	common	0.01
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. <b>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.</b>					
Name of Authorized Representative Michael Melucci					Date 5/1/25
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  
MAY 30 2025  
BY 0519  
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