



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

**STAMP**  
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 FEB 10 10 11 AM

1. Entity ID Number 000011701		2. Exact name of the Corporation Amalgamated Development II, Inc.			
3. Principal Office Address 1414 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kelly M. Coates			Vice-President Name Sheryl Carpiolato		
Street Address 1414 Atwood Avenue			Street Address 1414 Atwood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Angelo Marocco, Esq			Treasurer Name Kelly M. Coates		
Street Address 1200 Reservoir Avenue			Street Address 1414 Atwood Avenue		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	PAR VALUE
			100	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. <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 Kelly Coates				Date 1/30/2023	
Signature of Authorized Representative <i>Kelly M Coates</i> <b>FILED 1/31</b>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3940  
Website: www.sos.ri.gov

**MB** FEB 10 2023  
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