



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 7359		2. Name of Corporation MARIANO CONSTRUCTION, INC.			
3. Street Address Principal Business Office 2205 CHESTNUT STREET			City NORTH DIGHTON	State MA	Zip 02764
4. Business Phone No. 5082529300		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Abel Mariano			Vice President Name Caine Kang C. Yu, PhD.		
Street Address 2205 Chestnut Street			Street Address 2205 Chestnut Street		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA	Zip 02764
Secretary Name Abel Mariano			Treasurer Name Abel Mariano		
Street Address 2205 Chestnut Street			Street Address 2205 Chestnut Street		
City NORTH DIGHTON	State MA	Zip 02764	City NORTH DIGHTON	State MA	Zip 02764
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Abel Mariano			Director Name		
Street Address 2205 Chestnut Street			Street Address		
City NORTH DIGHTON	State RI	Zip 02764	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par

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.

FILED

MAR 03 2014

File Date

By 49-218798

Check No.

A.A.

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature

Abel Mariano

Print or Type Name

President

Title

Date

1-31-14