



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 89249		2. Exact name of the Corporation MARTONE SERVICE CO., INC.			
3. Principal Office Address 22 Sextant Lane			City Narragansett	State RI	Zip 02882
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island providing residential and commercial painting, construction, consulting and related services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael R. Martone			Vice-President Name Michael R. Martone		
Street Address 22 Sextant Lane			Street Address 22 Sextant Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Michael R. Martone			Treasurer Name Michael R. Martone		
Street Address 22 Sextant Lane			Street Address 22 Sextant Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael R. Martone			Director Name		
Street Address 22 Sextant Lane			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
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
			500		Common
					PAR VALUE
					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 Michael R. Martone					Date 1/17, 2017
Signature of Authorized Representative <i>Michael R. Martone</i>					FILED SIGN DOCUMENT FEB 22 2017 <i>2630</i> <i>llr</i>

MAIL TO:
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 Website: www.sos.ri.gov