



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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 34005		2. Exact name of the Corporation Carbone Bros., Inc.			
3. Principal Office Address 167 Olney Arnold Road			City Cranston	State RI	Zip 02921
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Plumbing and Heating contractors				
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 Michele Carbone			Vice-President Name Joseph Carbone		
Street Address 167 Olney Arnold Rd			Street Address same		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Michele Carbone			Treasurer Name Joseph Carbone		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michele Carbone			Director Name Joseph Carbone		
Street Address same			Street Address same		
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 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	PAR VALUE
		300			0
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				Date 2/20/17	
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

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FORM 630 - Revised: 02/2017

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