



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

Annual Report for the year: 2018
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 238160		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 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.					
10. Shares Issued			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.		
NUMBER OF SHARES			CLASS/SERIES		
500			Common		
			No Par Value		
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 2/12/18
Signature of Authorized Representative Michael R Martone					

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

FEB 20 2018

FORM 630 - Revised: 10/2017

BY