



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
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 <b>7359</b>		2. Exact name of the Corporation <b>MARIANO CONSTRUCTION, INC.</b>	
3. Principal Office Address <b>2205 CHESTNUT STREET</b>		City <b>NORTH DIGHTON</b>	State <b>MA</b>
		Zip <b>02764</b>	
4. NAICS Code <b>236116</b>	6. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Abel Mariano</b>		Vice-President Name <b>John Sampaio</b>	
Street Address <b>2205 CHESTNUT STREET</b>		Street Address <b>2205 CHESTNUT STREET</b>	
City <b>NORTH DIGHTON</b>	State <b>MA</b>	City <b>NORTH DIGHTON</b>	State <b>MA</b>
Zip <b>02764</b>		Zip <b>02764</b>	
Secretary Name <b>Caine Kang C. Yu, PhD.</b>		Treasurer Name <b>Abel Mariano</b>	
Street Address <b>2205 CHESTNUT STREET</b>		Street Address <b>2205 CHESTNUT STREET</b>	
City <b>NORTH DIGHTON</b>	State <b>MA</b>	City <b>NORTH DIGHTON</b>	State <b>MA</b>
Zip <b>02764</b>		Zip <b>02764</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Abel Mariano</b>		Director Name <b>John Sampaio</b>	
Street Address <b>2205 CHESTNUT STREET</b>		Street Address <b>2205 CHESTNUT STREET</b>	
City <b>NORTH DIGHTON</b>	State <b>MA</b>	City <b>NORTH DIGHTON</b>	State <b>MA</b>
Zip <b>02764</b>		Zip <b>02764</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		100 Common No Par	
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 <b>Abel Mariano</b>			Date
Signature of Authorized Representative 			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

JAN 29 2019

BY

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FORM 630 - Revised: 10/2016