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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2019
Corporation	

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→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 f	ee if form is no	ot filed by April 1.		1319 OCT -2	AH II - S	57	
1. Entity ID Number 000023991	2. Exact name of the Corporation Felix A. Marino Co., Inc.						
Principal Office Address Corwin Street			City Peabody		State MA	Zip 01960	
4. NAICS Code 3.1310 5. State of Incorporation Massachusetts	Pavement N	iption of the charac		conducted in Rhode Is	land	↓ .	
7. List ALL officers (names and add	resses)			Check t	the box to i	ndicate an attachment	
President Name Frederick W. Marino			Vice-President Name Frederick W. Marino				
Street Address 351 Chestnut Street			Street Address 351 Chestnut Street				
City Lynnfield	State MA	^{Zip} 01940	City Lynnfield		State MA	Zip 01940	
Secretary Name Frederick W. Marino			Treasurer Name Frederick W. Marino				
	reet Address 351 Chestnut Street		Street Address 351 Chestnut Street				
City Lynnfield	State MA	^{Zip} 01940	City Lynnfie	City Lynnfield		Z ¹ P 01940	
List ALL directors (names and ac Director Name	dresses)		In the second		he box to i	ndicate an attachment	
Frederick W. Marine			Director Nam	e			
Street Address 351 Chestnut Street			Street Address				
City Lynnfield	State MA	Zip 01940	City		State	Zip	
Director Name			Director Name				
Street Address	· · ·		Street Addres	S			
City	State	Zip	City		State	Zıp	
9. Shares Authorized	10. Shares Issu						
This information is currently of record in the Department of State.		NUMBER OF SHARES		C:ASS/SERIES		PAR VALUE	
Changes require an additional filing.		57		Common		No Par	
11. This report must be executed or trustee, this report must be execute	n behalf of the	corporation by an a	authorized repre	sentative. If the corpor	ation is in t	he hands of a receiver or	
Under penalty of perjury, I declar	e and affirm t	hat I have examin	the receiver or t ed this report.	rustee. Including anv accom	panving si	chedules and	
<u>statements, and that all statemer</u>	nts contained .	<u>herein are true an</u>	d correct.				
Name of Authorized Representative Frederick W. Marino					Date September 27, 2019		
Signature of Authorized Representa	ative	SIC	MUENT HERE	FILED	<u> </u>	. <u>-</u>	
	- CA	TAL [-JU]	1	nct 6.9.20	10 V		

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov