



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

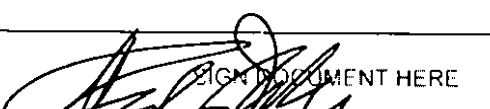
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

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OCT -2 AM 11:58

1. Entity ID Number <b>000023991</b>		2. Exact name of the Corporation <b>Felix A. Marino Co., Inc.</b>			
3. Principal Office Address <b>32 Corwin Street</b>			City <b>Peabody</b>	State <b>MA</b>	Zip <b>01960</b>
4. NAICS Code <b>2371310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Pavement Maintenance Contractor</b>			
5. State of Incorporation <b>Massachusetts</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>Frederick W. Marino</b>			Vice-President Name <b>Frederick W. Marino</b>		
Street Address <b>351 Chestnut Street</b>			Street Address <b>351 Chestnut Street</b>		
City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</b>	City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</b>
Secretary Name <b>Peter J. Marino</b>			Treasurer Name <b>Frederick W. Marino</b>		
Street Address <b>351 Chestnut Street</b>			Street Address <b>351 Chestnut Street</b>		
City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</b>	City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</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>Frederick W. Marino</b>			Director Name <b>Peter J. Marino</b>		
Street Address <b>351 Chestnut Street</b>			Street Address <b>351 Chestnut Street</b>		
City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</b>	City <b>Lynnfield</b>	State <b>MA</b>	Zip <b>01940</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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>Frederick W. Marino</b>				Date <b>September 27, 2019</b>	
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**  
OCT 02 2019  
BY **GAH DV**

FORM 630 - Revised: 02/2017