



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

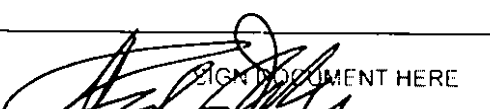
→ Filing Fee: \$50.00

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

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BUS SVCS DIV

STAMP

OCT -2 AM 11:58

1. Entity ID Number 000023991		2. Exact name of the Corporation Felix A. Marino Co., Inc.			
3. Principal Office Address 32 Corwin Street			City Peabody	State MA	Zip 01960
4. NAICS Code 2371310		6. Brief description of the character of business conducted in Rhode Island Pavement Maintenance Contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Peter J. Marino			Treasurer 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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Frederick W. Marino			Director Name Peter J. Marino		
Street Address 351 Chestnut Street			Street Address 351 Chestnut Street		
City Lynnfield	State MA	Zip 01940	City Lynnfield	State MA	Zip 01940
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		
			57		
			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. 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 Frederick W. Marino					Date September 27, 2019
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.govFILED
OCT 02 2019
BY GAH DVA.A. 12:07pm
FORM 630 - Revised: 02/2017