RI SOS Filing Number: 201922405520 Date: 10/2/2019 12:03:00 PM

State of Rhode Islan	nd and Providence F	Plantations					
	f State - Busin		Division				
Annual Report for the		4	הבטבו <i>ו</i> יכ ט	STAMP			
Corporation		RECEIVED R.I. DEPT. OF STATE					
→ Filing period: January	1 - March 1			K.I. C	JS SVCS DIV	/ /	
→ Filing Fee: \$50.00	- 00 4 - 14 4						
→ Penalty: Additional \$25		7019 OCT -2 AM II · 58					
1. Entity ID Number 000023991	i i	e of the Corporation	ition				
3. Principal Office Address	Felix A. Itial	rino Co., Inc.	I = v				
32 Corwin Street			City Peabody		State	Zip	
4. NAICS Code					MA	01960	
コネゴネカ			cter of business conducted in Rhode Island				
State of Incorporation	Pavement	Pavement Maintenance Contractor					
Massachusetts							
7. List ALL officers (names ar	nd addresses)			Check	the boy to indic	ato an ottochmont	
President Name Frederick W.	Vice-Presider	Vice-President Name Frederick W. Marino					
	Street Addres						
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 5		Street Address 351 Chestnut Street					
	State	Zin				la:	
City Lynnfield		^{Zip} 01940	City Lynnfie	eld	State MA	^{Zip} 01940	
List ALL directors (names a Director Name		-	Dimeter Nam	Check	the box to indic	ate an attachment	
Frederick W. N	Director Name	Director Name Peter J. Marino					
Street Address 351 Chestnut 5	Street		Street Addres	s 351 Chestnut Stre	et		
City Lynnfield	State MA	Zip 01940	City Lynnfield		State MA	Zip 01940	
Director Name			Director Name				
Street Address							
			Street Addres	S			
Crty	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Is:		Check	the box to indica	ate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	F SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
		57		Соттол	No.	No Par	
			<u>-</u>	<u> </u>			
11. This report must be execu-	ted on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in the h	ands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d	ecuted on behalf of	the corporation by	the receiver or tr	rustee			
<u> Statements, and that all stat</u>	ements contained	herein are true ar	nd correct.	——————	npanying sched 	iules and	
Name of Authorized Represer Frederick W. Marino		Date					
	<u> </u>		September	27, 2019			
Signature of Authorized Repre	esentative		CUMENT HERE		<u>-</u>		
L	(//	Stoff U	JOHLINI CHANC	<u>FILED</u>			
MAIL TO: Division of Business Services	-4	0.		007.00	A.A.	13:03bu	
148 W. River Street, Providence, R	Rhode Island 02904-26	15		OCT 0 2 2019	1,1,1	~ · · · · · · · · · · · · · · · · · · ·	
Phone: (401) 222-3040				G.N ILT	711		

Website: www.sos.ri.gov