RI SOS Filing Number: 202107165510 Date: 12/16/2021 9:12:00 AM

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
001706213	Barino, Inc.			
3. Principal Office Address		City	State	Zip
456 Main Street, P.O. Box #5179		Wakefield	RI	02880
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Real Estate Holding and any and all other legal purposes.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DAVID BARNES			Vice-President Name: DANIEL RUBINO		
Street Address: PO Box #5179			Street Address: PO BOX #5179		
City: Wakefield	State: RI	Zip: 02880	City: Wakefield	State: RI	Zip: 02880
Secretary Name: DANIEL RUBINO			Treasurer Name:		
Street Address: PO BOX 5179			Street Address:		
City: Wakefield	State: RI	Zip: 02880	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: DAVID BARNES			Director Name: DANIEL RUBINO		
Street Address: PO Box #5179			Street Address: PO Box #5179		
City: Wakefield	State: RI	Zip: 02880	City: Wakefield	State: RI	Zip: 02879
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	STK	0.0100

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	Date
Stephen B. Kenyon	12/15/21

Signature of Authorized Representative

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DEC 16 2021
BY CKDSD 9:12

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020