



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED
DEPT. OF STATE
2023 / APR 5 P 2:09
FOR SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000041540		2. Exact name of the Corporation Spino Bros., Inc.			
3. Principal Office Address 356 George Washington Hwy			City Smithfield	State RI	Zip 02917
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry subcontracting services, construction activities.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Spino			Vice-President Name David J. Spino		
Street Address 356 George Washington Hwy			Street Address 356 George Washington Hwy		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Michael Spino			Treasurer Name David J. Spino		
Street Address 356 George Washington Hwy			Street Address 356 George Washington Hwy		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			1000 Common Shares with 0 Par Value		
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 Michael Spino				Date 3/29/23	
Signature of Authorized Representative 					

FILED

APR 05 2023

BY ML 8616

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov