



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>001075667</u>		2. Exact name of the Corporation <u>Marciano Electrical Contractors Inc.</u>		2023 MAY 17 AM 11:39	
3. Principal Office Address <u>25 Christine Dr.</u>		City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	
4. NAICS Code <u>238210</u>	6. Brief description of the character of business conducted in Rhode Island <u>Electrical Contractors and other wiring installation contractor</u>				
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Edmundo E. Marciano Jr.</u>			Vice-President Name <u>Edmundo E. Marciano Sr.</u>		
Street Address <u>25 Christine Dr.</u>			Street Address <u>3d Summit Ave</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>Edmundo E. Marciano Jr.</u>			Treasurer Name <u>Edmundo E. Marciano Sr.</u>		
Street Address <u>25 Christine Dr.</u>			Street Address <u>3d Summit Ave</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Edmundo E. Marciano Jr.</u>			Director Name <u>Edmundo E. Marciano Sr.</u>		
Street Address <u>25 Christine Dr.</u>			Street Address <u>3d Summit Ave</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
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		
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 <u>Edmundo E. Marciano Jr.</u>					Date <u>May 17, 2023</u>
Signature of Authorized Representative <u>E E my</u>					

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

MAY 17 2023

BY ML AZASN

FORM 630 - Revised 04/2023