



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

REC'D RIDOS BSD
23 DEC 26 PM 2:58:11

1. Entity ID Number 000097190		2. Exact name of the Corporation DE BRINO CAULKING ASSOCIATES, INC.	
3. Principal Office Address 1304 RTE 9		City CASTLETON	State NY
		Zip 12033	
4. NAICS Code 238320	6. Brief description of the character of business conducted in Rhode Island CONTRACTING & SUB CONTRACTING		
5. State of Incorporation NY			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LEWIS P HOUGHTALING III		Vice-President Name	
Street Address 1304 RTE 9		Street Address	
City CASTLETON	State NY	Zip 12033	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NICOLE WENDELKEN-CONTROLLER		Director Name	
Street Address 1304 RTE 9		Street Address	
City CASTLETON	State NY	Zip 12033	
Director Name		Director Name	
Street Address		Street Address	
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	
		100	CNP
			0.00
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 NICOLE WENDELKEN CONTROLLER		Date 10/10/2023	
Signature of Authorized Representative <i>Nicole Wendelken</i>		FILED	

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
DEC 27 2023
BY J7D7P 12:14
FORM 630- Revised: 04/2023