RI SOS Filing Number: 202445029530 Date: 1/29/2024 4:00:00 PM

**Department of State - Business Services Division** 

Annual Report for the year: 2024  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty. Additional \$25.00 fee if form is not filed by May 31.			JAN 29 2024 7024				
1. Entity ID Number		e of the Corporation			-		
133732	Carlino	Carlino Electric, Inc.					
3. Principal Office Address 197 Colvintown Rd.			City Coventry		State RI	Zip 02816	
4. NAICS Code	<ol><li>Brief descr</li></ol>	Brief description of the character of business conducted in Rhode Island					
238210 5 State of Incorporation RI	Electrical	Electrical Contractor					
7 List ALL officers (names an	d addresses)			Check t	he box to in	dicate an attachment 🔲	
President Name John Cartino			Vice-President Name John Carlino				
Street Address 197 Colvintown Rd.			Street Address 197 Colvintown Rd.				
<sup>Crty</sup> Coventry	State RI	<sup>Zip</sup> 02816	City Coventry		State RI	<sup>Zıp</sup> 02816	
Secretary Name John Carlino			Treasurer Name John Carlino				
Street Address 197 Colvintown Rd.			Street Address 197 Colvintown Rd.				
City Coventry	State RI	<sup>Zip</sup> 02816	City Coventry		State RI	<sup>Zip</sup> 02816	
8. List ALL directors (names a	ind addresses)				he box to ir	ndicate an attachment	
Director Name John Carlino			Director Name				
Street Address 197 Colvintown Rd.			Street Address				
<sup>City</sup> Coventry	State RI	<sup>Zıp</sup> 02816	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	-	State	Zip	
9. Shares Authorized	·	10. Shares Iss				ndicate an attachment 🗇	
This information is currently of record in the Department of State. Changes require an additional filing.		2000	NUMBER OF SMARES		Common		
11. This report must be executrustee, this report must be ex					ration is in t	he hands of a receiver or	
Under penalty of perjury, I of statements, and that all state	declare and affirm t	hat I have examine	ed this report, i	ncluding any accom	panying s	chedules and	
Name of Authorized Representative					Date	1 1	
John Carlino						121/24	
Signature of Authonzed Repri	esentative	5					

MAIL TO:

**Division of Business Services** 

State of Rhode Island

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov