



State of Rhode Island

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 02

1. Entity ID Number 133732		2. Exact name of the Corporation Carlino Electric, Inc.			
3. Principal Office Address 197 Colvintown Rd.		City Coventry		State RI	Zip 02816
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical Contractor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Carlino			Vice-President Name John Carlino		
Street Address 197 Colvintown Rd.			Street Address 197 Colvintown Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name John Carlino			Treasurer Name John Carlino		
Street Address 197 Colvintown Rd.			Street Address 197 Colvintown Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Carlino			Director Name		
Street Address 197 Colvintown Rd.			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	Common	No Par
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 John Carlino					Date 1/21/24
Signature of Authorized Representative					

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: 11/2021