



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.

REC'D RHODES BSD
24 FEB 23 PM 1:55:04

1. Entity ID Number 001742500		2. Exact name of the Corporation GINORIOS CONSTRUCTION INC			
3. Principal Office Address 35 Fountain St. Apt. 3		City Pawtucket		State RI	Zip 02860
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mario Ginorio			Vice-President Name None		
Street Address 35 Fountain St. Apt. 3			Street Address None		
City Pawtucket	State RI	Zip 02860	City None	State None	Zip None
Secretary Name None			Treasurer Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
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
		None			None
		None			None
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. <i>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.</i>					
Name of Authorized Representative Mario Ginorio				Date 2/23/24	
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

FILED

1:57 FEB 23 2024

BY ML 8P1FM

FORM 630- Revised: 12/2023