



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.

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|--|---------------|---|-----------------------------|---------------|-----------------|
| 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 | | | | | |
| 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

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FORM 630- Revised: 12/2023