

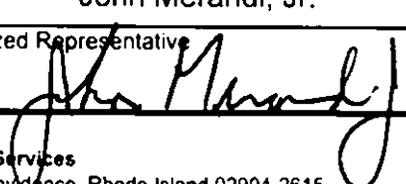


State of Rhode Island
Department of State - Business Services Division

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 11:37 AM 03/08/24
 STATE OF RHODE ISLAND
 BUSINESS SERVICES DIVISION

1. Entity ID Number 000009964		2. Exact name of the Corporation MERANDI BROS. INC.			
3. Principal Office Address 12 Rowley Street			City East Providence	State RI	Zip 02914
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Construction			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Merandi			Vice-President Name John Merandi, Jr.		
Street Address 12 Rowley Street			Street Address 12 Rowley Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name John Merandi, Jr.			Treasurer Name John Merandi		
Street Address 12 Rowley Street			Street Address 12 Rowley Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
		100		Common	
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 Merandi, Jr.					Date 1/25/24
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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