



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 RI SOS BSD
MAR 26 2024 10:04:19

1. Entity ID Number 000055048		2. Exact name of the Corporation C.E.I., Inc.	
3. Principal Office Address 491 Waterman Avenue		City East Providence	State RI
		Zip 02914	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island Electrical Contracting		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frank J. Bianco, Jr.		Vice-President Name Frank J. Bianco, Jr.	
Street Address 145 Touisset Road		Street Address 145 Touisset Road	
City Warren	State RI	City Warren	State RI
Zip 02885		Zip 02885	
Secretary Name Frank J. Bianco, Jr.		Treasurer Name Frank J. Bianco, Jr.	
Street Address 145 Touisset Road		Street Address 145 Touisset Road	
City Warren	State RI	City Warren	State RI
Zip 02885		Zip 02885	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Frank J. Bianco, Jr.		Director Name	
Street Address 145 Touisset Road		Street Address	
City Warren	State RI	City	State
Zip 02885		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 300.00	CLASS/SERIES Common
		PAR VALUE 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 Frank J. Bianco, Jr.		Date 3/8/24	
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

MAR 26 2024
BY ml 3636