



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: \_\_\_\_\_

Corporation \_\_\_\_\_

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 24 2024

BY

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1. Entity ID Number 000034005		2. Exact name of the Corporation Carbone Bros., Inc.	
3. Principal Office Address 167 Olney Arnold Road		City Cranston	State RI
		Zip 02921	
4. NAICS Code 238220	6. Brief description of the character of business conducted in Rhode Island Plumbing and heating contractor		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Michele Carbone		Vice-President Name Joseph Carbone	
Street Address as above		Street Address as above	
City	State	City	State
Zip		Zip	
Secretary Name Michele Carbone		Treasurer Name Joseph Carbone	
Street Address as above		Street Address as above	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Michele Carbone		Director Name Joseph Carbone	
Street Address as above		Street Address as above	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		0	0
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 Michele Carbone		Date 04182024	
Signature of Authorized Representative 			

MAIL TO:  
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