



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 RIDOS BSD  
24 JUN 10 PM 2:33:21

1. Entity ID Number <b>001675667</b>		2. Exact name of the Corporation <b>MARCIANO ELECTRICAL CONTRACTORS Inc.</b>	
3. Principal Office Address <b>25 CHRISTINE DR.</b>		City <b>BARRINGTON</b>	State <b>RI</b>
		Zip <b>02806</b>	
4. NAICS Code <b>238210</b>	6. Brief description of the character of business conducted in Rhode Island <b>ELECTRICAL INSTALLATIONS</b>		
5. State of Incorporation <b>R.I</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Edmundo E. MARCIANO Jr.</b>		Vice-President Name <b>Edmundo E. MARCIANO Sr.</b>	
Street Address <b>25 CHRISTINE DR.</b>		Street Address <b>32 Summit Ave</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	City <b>WAT WARWICK</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02893</b>	
Secretary Name <b>Edmundo E. MARCIANO Jr.</b>		Treasurer Name <b>Edmundo E. MARCIANO Sr.</b>	
Street Address <b>25 CHRISTINE DR.</b>		Street Address <b>32 Summit Ave</b>	
City <b>BARRINGTON</b>	State <b>RI</b>	City <b>WAT WARWICK</b>	State <b>RI</b>
Zip <b>02806</b>		Zip <b>02893</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Edmundo E. MARCIANO Jr.</b>		Director Name	
Street Address <b>25 CHRISTINE DR.</b>		Street Address	
City <b>BARRINGTON</b>	State <b>RI</b>	City	State
Zip <b>02806</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>0</b>	<b>CWP</b>
		PAR VALUE	<b>0.0100</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Edmundo E. MARCIANO Jr.</b>		Date <b>6-10-2024</b>	
Signature of Authorized Representative 		<b>FILED</b>	

JUN 10 2024

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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