



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

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: 11/2021