



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 RIDGSD
24 OCT 28 PM 2:41:22
T.A.M.P.

1. Entity ID Number 000097190		2. Exact name of the Corporation De Brino Caulking Associates, Inc.			
3. Principal Office Address 1304 Route 9		City CASTLETON		State NY	Zip 12033
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island CONTRACTING & SUBCONTRACTING			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEWIS P HOUGHTALING III			Vice-President Name		
Street Address 1304 RTE 9			Street Address		
City CASTLETON	State NY	Zip 12033	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NICOLE WENDELKEN CONTROLLER			Director Name		
Street Address 1304 RTE 9			Street Address		
City CASTLETON	State NY	Zip 12033	City	State	Zip
Director Name VALERIE PARKIS F. CFO			Director Name		
Street Address 1304 RTE 9			Street Address		
City CASTLETON	State NY	Zip 12033	City	State	Zip
9. Shares Authorized 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		CLASS/SERIES	PAR VALUE
		100		CNP	0.00
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 VALERIE M PARKIS					Date 10/11/2024
Signature of Authorized Representative <i>Valerie Parkis</i>					

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

OCT 28 2024
BY *FL9PO* *AA* 2:42pm
FORM 630 - Revised 11/2023