



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: **2025**

Corporation

→ Filing period: February 1 - May 1

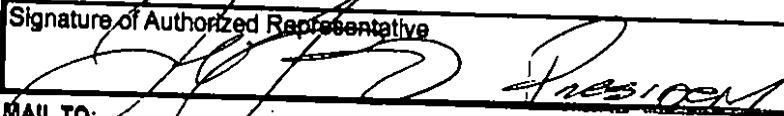
→ Filing Fee: \$50.00

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

**FILED**

FEB 12 2025

BY 25003  
EC

1. Entity ID Number <b>118504</b>		2. Exact name of the Corporation <b>FRANK ZAINO &amp; ASSOCIATES, INC.</b>					
3. Principal Office Address <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>P.O. Box 57, 183 Providence New London Tpke</td> <td>City North Stonington</td> <td>State CT</td> <td>Zip 06359</td> </tr> </table>				P.O. Box 57, 183 Providence New London Tpke	City North Stonington	State CT	Zip 06359
P.O. Box 57, 183 Providence New London Tpke	City North Stonington	State CT	Zip 06359				
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island Construction project management and all other lawful purposes.					
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 <b>Frank A. Zaino, Jr.</b>		Vice-President Name <b>Frank A. Zaino, Jr.</b>					
Street Address <b>PO Box 57, 183 Prov. New London Tpke</b>		Street Address <b>PO Box 57, 183 Prov. New London Tpl</b>					
City <b>North Stonington</b>	State <b>CT</b>	City <b>North Stonington</b>	State <b>CT</b>				
Zip <b>06359</b>		Zip <b>06359</b>					
Secretary Name <b>Frank A. Zaino, Jr.</b>		Treasurer Name <b>Frank A. Zaino, Jr.</b>					
Street Address <b>PO Box 57, 183 Prov. New London Tpke</b>		Street Address <b>PO Box 57, 183 Prov. New London Tp</b>					
City <b>North Stonington</b>	State <b>CT</b>	City <b>North Stonington</b>	State <b>CT</b>				
Zip <b>06359</b>		Zip <b>06359</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>n/a</b>		Director Name					
Street Address		Street Address					
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		Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES					
100		common					
		no par value					
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 <b>Frank A. Zaino Jr., President</b>			Date <b>2/3/25</b>				
Signature of Authorized Representative 							

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02804-2815  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov