



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

FILED
FEB 19 2025
BY mi 9701

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000041540			2. Exact name of the Corporation Spino Bros., Inc.		
3. Principal Office Address 356 George Washington Highway			City Smithfield	State RI	Zip 02917
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry subcontracting services, construction activities.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Spino			Vice-President Name David J. Spino		
Street Address 356 George Washington Highway			Street Address 356 George Washington Highway		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Michael Spino			Treasurer Name David J. Spino		
Street Address 356 George Washington Highway			Street Address 356 George Washington Highway		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1000		
			Common Shares		
			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 Michael Spino					Date 2/4/25
Signature of Authorized Representative					