



State of Rhode Island
Department of State - Business Services Division

RECEIVED
25 MAR 5 2025
3:30:50
STATE

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.

1. Entity ID Number 000095416		2. Exact name of the Corporation SAL CARBONE GENERAL CONTRACTING INC.			
3. Principal Office Address 23 Red Oak Drive			City Cranston	State RI	Zip 02921
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island General contracting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Salvatore J. Carbone			Vice-President Name		
Street Address 23 Red Oak Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Brenda J. Carbone			Treasurer Name Salvatore J. Carbone		
Street Address 23 Red Oak Drive			Street Address 23 Red Oak Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 200	CLASS/SERIES Common Shares	PAR VALUE 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 SALVATORE J. CARBONE					Date 2/24/25
Signature of Authorized Representative <i>Salvatore J. Carbone</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 05 2025

BY **X3MG5**
e8