RI SOS Filing Number: 202567524720 Date: 3/18/2025 4:00:00 PM

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State of Rhode Island					たわ し			
Department of Sta		## E						
Annual Report for the year:				RIDOS 85D 18 #x9:45:32				
Corporation — → Filing period: February 1 - I	May 1			45 <u>88</u>				
→ Filing Fee: \$50.00				ů.				
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Eptity ID Number	2. Exact name of the Corporation							
1478384	MAMINITSON FNC							
3. Principal Office Address City State Zip								
94 BAIRD A	tre		N. PO	LOVI 10 gracs		<u>.</u>	CATOY	
4. NAICS Code	6. Brief description	on of the character	of busines	ss conducted in Rhode Isl	and		_	
238140								
5. State of Incorporation	MASONRY CONTRACTOR							
	MIT WILL CONTINGOR							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name.				Vice-President Name				
Street Address 1				Street Address				
GY BAIRD (H)								
City	State)	Zip	City		State		Zip	
No novident 17. I odgoy Secretary Name			Treasurer Name					
Secretary Name BRENGA MANINI								
Street Address			Street Address					
City 1 0			City State Zip					
N. Providero	7.I.	02904	,					
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name				Director Name				
Street Address				Street Address				
			City State Zip					
City	State	Zip	City		Clair	State [219		
Director Name			Director Name					
				Street Address				
Street Address			Sireet Address					
City	State	Zip	City		State		Zip	
 		40 66		Chark the he	v to indi	cate an att	achment 🗖	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check NUMBER OF SHARES CLASS/			the box to indicate an attachment EERIES PAR VALUE			
		100	100			0.0	1	
		100						
		<u></u>				- 45 - 5 - 5 - 4		
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.								
3-10-30)C								
GINO MALIWI								
Signature of Authorized Representative FILED								
FILED FILED								
MAIL TO: Division of Business Services MAR 18 2025								
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615								
Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 630- Revised: 12/2023								

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Phone: (401) 222-3040 Website: www.sos.ri.gov