



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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 RHODES BSD
MAR 18 AM 9:45:32

1. Entity ID Number 958384		2. Exact name of the Corporation MARINI & SON INC			
3. Principal Office Address 94 BAIRD Ave		City N. Providence		State R.I.	Zip 02904
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island MASONRY CONTRACTOR			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name GINO MARINI			Vice-President Name		
Street Address 94 BAIRD Ave			Street Address		
City N. Providence	State R.I.	Zip 02904	City	State	Zip
Secretary Name BRENDA MARINI			Treasurer Name		
Street Address 94 BAIRD Ave			Street Address		
City N. Providence	State R.I.	Zip 02904	City	State	Zip
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
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			0.01		
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 GINO MARINI					Date 3-18-2025
Signature of Authorized Representative 					

FILED

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

MAR 18 2025
BY **1233** **AA**

FORM 630- Revised: 12/2023