



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 69022		2. Name of Corporation TOPPAZZINI & SON, INC.	
3. Street Address Principal Business Office 28 GEM STREET		City NORTH PROVIDENCE	State RI
4. Business Phone No. 4017282378		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island THE CONSTRUCTION OF HOMES.			

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name MICHAEL TOPPAZZINI			Vice President Name MICHAEL TOPPAZZINI		
Street Address 28 GEM STREET			Street Address 28 GEM STREET		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name GINA MARIE TOPPAZZINI			Treasurer Name MICHAEL TOPPAZZINI		
Street Address 28 GEM STREET			Street Address 28 GEM STREET		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name MICHAEL TOPPAZZINI			Director Name		
Street Address 28 GEM STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
2,000	COMM	NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
2,000	COMMON	NO PAR

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.



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FILED

*69022

File Date **FEB 11 2009**

Check No. **By 330**

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/05