State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN -7 AM 10: 30

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000306712	Antinozzi Associates P.C.

3. Principal Office Address	City	State	Zip
271 Fairfield Avenue	Bridgeport	CT	06604

4. Business Phone Number	5. State of Incorporation
203-377-1300	Connecticut

6. Brief description of the character of business conducted in Rhode Island

Architectural and Interior Design Professional Services

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Daniel P. Antinozzi	23 Enoch Dr.	Woodbridge	CT	06525

Vice-President Name	Street Address	City	State	Zip
George J. Perham	90 Sun Ridge Dr.	Stratford	CT	06497

Secretary Name	Street Address	City	State	Zip
George J. Perham	90 Sun Ridge Dr.	Stratford	CT	06497

Treasurer Name	Street Address	City	State	Zip
Daniel P. Antinozzi	23 Enoch Dr.	Woodbridge	CT	06525

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Daniel P. Antinozzi	23 Enoch Dr.	Woodbridge	CT	06525

Director Name	Street Address	City	State	Zip
none	none	none	none	none

9. Shares Authorized

This information is currently of record in the Department of State. Changes require an additional filing.

10. Shares Issued — Check box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	common	$100/share
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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	Date
Daniel P. Antinozzi	May 31, 2016

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
JUN 07 2016
By 276060
A.A. 10:38 A.M.

Form No. 630
Revised: 2016

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