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: 29

Profit Corporation Annual Report for the year: 2012

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			Vice-President Name		
Daniel P. Antinozzi			George J. Perham		
Street Address 23 Enoch Dr.			Street Address 90 Sun Ridge Dr.		
City Woodbridge	State CT	Zip 06525	City Stratford	State CT	Zip 06497
Secretary Name George J. Perham			Treasurer Name Daniel P. Antinozzi		
Street Address 90 Sun Ridge Dr.			Street Address 23 Enoch Dr.		
City Stratford	State CT	Zip 06497	City Woodbridge	State CT	Zip 06525

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

Director Name			Director Name		
Daniel P. Antinozzi			none		
Street Address 23 Enoch Dr.			Street Address none		
City Woodbridge	State CT	Zip 06525	City none	State none	Zip none

9. Shares Authorized	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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 10:33 A.M.

Form No. 630
Revised: 2016
137808-7-1119164