



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN -7 AM 10:29

Profit Corporation Annual Report for the year: 2011

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 000306712		2. Exact name of the Corporation Antinozzi Associates P.C.	
3. Principal Office Address 271 Fairfield Avenue		City Bridgeport	State CT
		Zip 06604	
4. Business Phone Number 203-377-1300		5. State of Incorporation 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 <input type="checkbox"/>			
President Name Daniel P. Antinozzi		Vice-President Name George J. Perham	
Street Address 23 Enoch Dr.		Street Address 90 Sun Ridge Dr.	
City Woodbridge	State CT	City Stratford	State CT
Zip 06525		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	City Woodbridge	State CT
Zip 06497		Zip 06525	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Daniel P. Antinozzi		Director Name none	
Street Address 23 Enoch Dr.		Street Address none	
City Woodbridge	State CT	City none	State none
Zip 06525		Zip none	
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1,000	common
		PAR VALUE	\$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 Daniel P. Antinozzi		Date May 31, 2016	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

FILED
JUN 07 2016
By Antinozzi
A.A. 10:32A.M.