



**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: 2009

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) <input type="checkbox"/> Check the box to indicate an attachment				
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	Zip 06525	City Stratford	State CT
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
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment				
Director Name Daniel P. Antinozzi			Director Name none	
Street Address 23 Enoch Dr.			Street Address none	
City Woodbridge	State CT	Zip 06525	City none	State none
9. Shares Authorized				
10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment				
NUMBER OF SHARES 1,000			CLASS/SERIES 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

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A.A. 10:30 A.M.