



**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		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 <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	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 <input type="checkbox"/>
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	Zip none
9. Shares Authorized			10. Shares Issued <input type="checkbox"/> Check box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			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 Daniel P. Antinozzi				Date May 31, 2016	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED
JUN 07 2016
By 276060
A.A. 10:30 A.M.