

**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040[| LOGOUT |](#)**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1



Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** **1. Corporate ID No.** **2. Name of Corporation** **3. Street Address Principal Business Office:**No. and Street: City or Town: State: Zip: Country: **4. Business Phone No.****5. State of Incorporation**State: **ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

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**6. Brief Description of the Character of Business Conducted in Rhode Island**

**FILED**  
FEB 21 2017  
BY 7870  
LO

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	WALTER ZAVERUCHA	170 ISLAND CREEK ROAD DUXBURY, MA 02352 USA
<input type="checkbox"/>	VICE PRESIDENT	ROBERT S MONTAGNA JR	31 ARNOLD AVE PLYMOUTH, MA 02360 USA

Select From Below  Title:

First Name:  Middle Name:  Last Name:  Suffix:

Address:  City:  State:  Zip:  Country:

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	10,000.00	1,600.00

9. 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.

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town:

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Contact Email:

State:  Zip:  Country:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 17 Day of February, 2017 at 12:13:10 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By   
Signature of Authorized Representative of the Corporation

FEB 21 2017

BY 

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted.