



Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 53650 | | 2. Exact name of the Corporation Zarrella Development Corp. | | | |
| 3. Principal Office Address 2 Olsons Way | | | City East Greenwich | State RI | Zip 02818 |
| 4. NAICS Code 23 | | 6. Brief description of the character of business conducted in Rhode Island general contracting business | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Debra Zarrella | | | Vice-President Name Gerald P. Zarrella | | |
| Street Address 270 Narrow Lane | | | Street Address 270 Narrow Lane | | |
| City Exeter | State RI | Zip 02822 | City Exeter | State RI | Zip 02822 |
| Secretary Name Sara Zarrella | | | Treasurer Name Gerald P. Zarrella | | |
| Street Address 270 Narrow Lane | | | Street Address 270 Narrow Lane | | |
| City Exeter | State RI | Zip 02822 | City Exeter | State RI | Zip 02822 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the 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 |
| | | | 400 | | common |
| | | | PAR VALUE | | no |
| 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 Gerald P. Zarrella, Vice President | | | | | Date 3/13/17 |
| Signature of Authorized Representative <i>[Handwritten Signature]</i> | | | | | |

FILED

MAR 24 2017

BY 1608 DS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov