



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

Annual Report for the year: **2019**
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 7222		2. Exact name of the Corporation National Development Group, Inc.	
3. Principal Office Address 1481 Atwood Avenue		City Johnston	State RI
		Zip 02919	
4. NAICS Code 531311	6. Brief description of the character of business conducted in Rhode Island Real estate.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard J. Colardo, Jr.		Vice-President Name Christopher D. Colardo	
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Christopher D. Colardo		Treasurer Name Christopher D. Colardo & Richard J. Colardo Jr.	
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Richard J. Colardo, Jr.		Director Name Christopher D. Colardo	
Street Address 1481 Atwood Avenue		Street Address 1481 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		874	Class A/common
			no par value
		1000	Class B/common
			no par value
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 			Date 1-10-19
Signature of Authorized Representative			

SIGN DOCUMENT HERE

FILED

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

JAN 16 2019

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