

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 FEB -6 PM 2:31

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 <b>46310</b>		2. Exact name of the Corporation <b>L. NOTORANTONIO &amp; SONS INC</b>			
3. Principal Office Address <b>1194 HARTFORD PIKE</b>			City <b>NO SCITUADE</b>	State <b>RI</b>	Zip <b>02857</b>
4. NAICS Code <b>238910</b>		5. Brief description of the character of business conducted in Rhode Island <b>DEMOLITION CONSTRUCTION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>WILLIAM NOTORANTONIO</b>			Vice-President Name <b>JOSEPH NOTORANTONIO</b>		
Street Address <b>1194 HARTFORD PIKE</b>			Street Address <b>1194 HARTFORD PIKE</b>		
City <b>NO SCITUADE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NO SCITUADE</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>LOUIS NOTORANTONIO</b>			Treasurer Name		
Street Address <b>1202 HARTFORD PIKE</b>			Street Address		
City <b>NO SCITUADE</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>WILLIAM NOTORANTONIO</b>			Director Name <b>JOSEPH NOTORANTONIO</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City	State	Zip	City	State	Zip
Director Name <b>LOUIS NOTORANTONIO JR</b>			Director Name		
Street Address <b>SAME AS ABOVE</b>			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <b>WILLIAM NOTORANTONIO</b>					Date <b>02/06/19</b>
Signature of Authorized Representative 					

FILED

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BY CK T2203