



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

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 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>		8. 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
			<b>0</b>		
			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 				<b>FILED</b> <i>C</i>	

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

FEB 06 2019

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BY CK T2203