



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV **STAMP**

2019 DEC 23 AM 11:52 FOR SECRETARIES USE ONLY

1. Entity ID Number 000001127		2. Exact name of the Corporation Anton Enterprises, Inc.			
3. Principal Office Address 430 Wellington Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 331420		6. Brief description of the character of business conducted in Rhode Island Electroplating			
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 Donald Antonelli			Vice-President Name Michael Antonelli		
Street Address 27 Breezy Lake Drive			Street Address 11 Eagle Drive		
City Coventry	State RI	Zip 02816	City Hope	State RI	Zip 02831
Secretary Name Donald Antonelli			Treasurer Name Michael Antonelli		
Street Address 27 Breezy Lake Drive			Street Address 11 Eagle Drive		
City Coventry	State RI	Zip 02818	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald Antonelli			Director Name Michael Antonelli		
Street Address 27 Breezy Lake Drive			Street Address 11 Eagle Drive		
City Coventry	State RI	Zip 02816	City Hope	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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	PAR VALUE
		2000		CNP	0.00
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. <i>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.</i>					
Name of Authorized Representative DONALD J. ANTONELLI				Date 12.23.19	
Signature of Authorized Representative <i>Donald J. Antonelli</i>			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

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