



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

Annual Report for the year: 2020
 Corporation

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 SECRETARY OF STATE
 CORPORATION DIVISION

2020 JAN 27 AM 10:18

- 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 46310		2. Exact name of the Corporation L. NOTORANTONIO & SONS INC			
3. Principal Office Address 1194 HARTFORD PIKE			City NO SCITUADE	State RI	Zip 02857
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island DEMOLITION CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM NOTORANTONIO			Vice-President Name JOSEPH NOTORANTONIO		
Street Address 1194 HARTFORD PIKE			Street Address 1194 HARTFORD PIKE		
City NO SCITUADE	State RI	Zip 02857	City NO SCITUADE	State RI	Zip 02857
Secretary Name LOUIS NOTORANTONIO			Treasurer Name		
Street Address 1202 HARTFORD PIKE			Street Address		
City NO SCITUADE	State RI	Zip 02857	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM NOTORANTONIO			Director Name JOSEPH NOTORANTONIO		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name LOUIS NOTORANTONIO JR			Director Name		
Street Address SAME AS ABOVE			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
			0		
			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 WILLIAM NOTORANTONIO				Date 01/27/2020	
Signature of Authorized Representative <i>William Notorantonio</i>				FILED JAN 27 2020	

BY *[Signature]*