



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

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 JAN 30 2020
 69641

1. Entity ID Number 95355	2. Exact name of the Corporation COSTANZO HOLDING GROUP, INC.
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3. Principal Office Address 2024 SMITH STREET	City NORTH PROVIDENCE	State RI	Zip 02911
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4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island TO HOLD TITLE AND OWNERSHIP IN REAL ESTATE
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY COSTANZO III			Vice-President Name ANTHONY COSTANZO III		
Street Address 2024 SMITH STREET			Street Address 2024 SMITH STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name ANTHONY COSTANZO III			Treasurer Name ANTHONY COSTANZO III		
Street Address 2024 SMITH STREET			Street Address 2024 SMITH STREET		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTHONY COSTANZO III			Director Name		
Street Address 2024 SMITH STREET			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	COMMON	NO PAR

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 ANTHONY COSTANZO III	Date
Signature of Authorized Representative 	SIGN DOCUMENT HERE 1/24/2020