

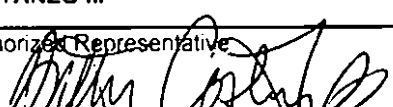


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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 <b>95355</b>		2. Exact name of the Corporation <b>COSTANZO HOLDING GROUP, INC.</b>					
3. Principal Office Address <b>2024 SMITH STREET</b>				City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>
4. NAICS Code <b>531190</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO HOLD TITLE AND OWNERSHIP IN REAL ESTATE</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>ANTHONY COSTANZO III</b>				Vice-President Name <b>ANTHONY COSTANZO III</b>			
Street Address <b>2024 SMITH STREET</b>				Street Address <b>2024 SMITH STREET</b>			
City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>	City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>ANTHONY COSTANZO III</b>				Treasurer Name <b>ANTHONY COSTANZO III</b>			
Street Address <b>2024 SMITH STREET</b>				Street Address <b>2024 SMITH STREET</b>			
City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>	City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>
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>ANTHONY COSTANZO III</b>				Director Name			
Street Address <b>2024 SMITH STREET</b>				Street Address			
City <b>NORTH PROVIDENCE</b>		State <b>RI</b>	Zip <b>02911</b>	City		State	Zip
Director Name				Director Name			
Street Address				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
				<b>200</b>		<b>COMMON</b>	<b>NO PAR</b>
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. <b>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.</b>							
Name of Authorized Representative <b>ANTHONY COSTANZO III</b>						Date	
Signature of Authorized Representative 				SIGN DOCUMENT HERE		Date <b>1/24/2020</b>	

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