



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 STAMP

MAR 13 2020

1. Entity ID Number 901368		2. Exact name of the Corporation Antonio Management Company, Inc.			
3. Principal Office Address 574 Ferry Street		City Newark		State NJ	Zip 07105
4. NAICS Code 551114	6. Brief description of the character of business conducted in Rhode Island Retail grocery store management company				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Seabra		Vice-President Name Anthony Seabra			
Street Address 574 Ferry Street		Street Address 574 Ferry Street			
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
Secretary Name Antonio Seabra		Treasurer Name Antonio Seabra			
Street Address 574 Ferry Street		Street Address 574 Ferry Street			
City Newark	State NJ	Zip 07105	City Newark	State NJ	Zip 07105
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio Seabra		Director Name			
Street Address 574 Ferry Street		Street Address			
City Newark	State NJ	Zip 07105	City	State	Zip
Director Name		Director Name			
Street Address		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		PAR VALUE
	800		Common		\$1 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.					
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 Antonio Seabra				Date 03/09/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017