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

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2021 JAN 14 AM 11:09

Annual Report for the year: 2021
Corporation

→ 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	2. Exact name of the Corporation			
91310	NOTORANTONIO BROS INC			
3. Principal Office Address		City	State	Zip
1194 HARTFORD PIKE		NO SCITUATE	RI	02857
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
238910	BUILDING, WRECHING, RIGGING SALVAGE			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
WILLIAM NOTORANTONIO	JOSEPH NOTORANTONIO
Street Address: 1194 HARTFORD PIKE	Street Address: 1194 HARTFORD PIKE
City: NO SCITUATE State: RI Zip: 02857	City: NO SCITUATE State: RI Zip: 02857
Secretary Name	**Treasurer Name**
LOUIS NOTORANTONIO JR	
Street Address: 1192 HARTFORD PIKE	Street Address:
City: NO SCITUATE State: RI Zip: 02857	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
WILLIAM NOTORANTONIO	JOSEPH NOTORANTONIO
Street Address: SAME AS ABOVE	Street Address: SAME AS ABOVE
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
LOUIS NOTORANTONIO JR	
Street Address: SAME AS ABOVE	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0		

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: 01/14/2021

Signature of Authorized Representative:

FILED
JAN 14 2021
BY 12634 AA

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

FORM 630 - Revised: 08/2017