RI SOS Filing Number: 202190803070 Date: 2/10/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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
273332	Orlando Annulli & Sons, Inc.

3. Principal Office Address	City	State	Zip
147 HALE ROAD	MANCHESTER	CT	06040

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
813110	To engage in commercial construction and all other types of construction and activities related thereto.
5. State of Incorporation: Connecticut	

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

President Name: Lon Annulli			Vice-President Name: Adam Annulli		
Street Address: 196 Indian Hill Trail			Street Address: 141 Shallowbrook Lane		
City: Glastonbury	State: CT	Zip: 06033	City: Manchester	State: CT	Zip: 06040
Secretary Name: Bradford Downey			Treasurer Name: Susan Annulli		
Street Address: 12 Church Street			Street Address: 196 Indian Hill Trail		
City: Vernon	State: CT	Zip: 06066	City: Glastonbury	State: CT	Zip: 06033

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	3400	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	Date
BRADFORD DOWNEY	2-3-21

Signature of Authorized Representative: SIGN DOCUMENT HERE — PLEASE — KM

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

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FORM 630 - Revised: 10/2016