RI SOS Filing Number: 202192414850 Date: 2/19/2021 4:00:00 PM

State of Rhode Island

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.

FILED
FEB 19 202

1. Entity ID Number	2. Exact name of the Corporation
000053650	Zarrella Development Corp.

3. Principal Office Address	City	State	Zip
PO Box 1506	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23615	gneral contracting business
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Debra Zarrella	Gerald P. Zarrella
Street Address: 1 Gerald's Farm Drive	Street Address: 1 Gerald's Farm Drive
City: Exeter, State: RI, Zip: 02822	City: Exeter, State: RI, Zip: 02822
Secretary Name: Sara Sheally	Treasurer Name: Gerald P. Zarrella
Street Address: 1 Gerald's Farm Drive	Street Address: 1 Gerald's Farm Drive
City: Exeter, State: RI, Zip: 02822	City: Exeter, State: RI, Zip: 02822

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	400	cnp	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	Date
Gerald P. Zarrella	1/28/21

Signature of Authorized Representative: Gerald P. Zarrella

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: 08/2020