State of Rhode Island

## **Department of State - Business Services Division**

Annual Repo	ort for the	year:	202
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Corporation —

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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FEB 1 9 2021 8	
BY 71545	

1. Entity ID Number	2. Exact name	e of the Corporation	n					
95355	COSTANZO	COSTANZO HOLDING GROUP, INC.						
3. Principal Office Address			City		State	Zip		
2024 SMITH STREET			NORTH PR	OVIDENCE	RI	02911		
4. NAICS Code	6. Brief descr	iption of the charac	ter of business c	onducted in Rhode Is	sland			
531190	TO HOLD TITLE AND OWNERSHIP IN REAL ESTATE							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and add	resses)	<u> </u>			the box to indic	cate an attachment 🔲		
President Name ANTHONY COSTANZO III		Vice-President	Vice-President Name ANTHONY COSTANZO III					
Street Address 2024 SMITH STREET		Street Address 2024 SMITH STREET						
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH	PROVIDENCE	State RI	<sup>Zıp</sup> 02911		
Secretary Name ANTHONY COST	ANZO III			Treasurer Name ANTHONY COSTANZO III				
Street Address 2024 SMITH STREET			Street Address 2024 SMITH STREET					
City `NORTH PROVIDENCE	State R1	<sup>Zip</sup> 02911	City NORTI	I PROVIDENCE	Slate RI	<sup>Zip</sup> 02911		
8. List ALL directors (names and a	ddresses)		In:		the box to indi	cate an attachment		
Director Name ANTHONY COSTA	NZO III		Director Name	:				
Street Address 2024 SMITH STREET		Street Address	Street Address					
City NORTH PROVIDENCE	State R1	Zip 02911	City		State	Zip		
Director Name			Director Name	·				
Street Address		Street Address	Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	,l	10. Shares Iss	sued		Check the box to indicate an attachment			
This information is currently of reco Department of State.	]		F SHARES			PAR VALUE		
·		200		COMMON		NO PAR		
Changes require an additional filing	•			•				
11. This report must be executed of	on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in the	hands of a receiver or		
trustee, this report must be execut Under penalty of perjury, I decla	ed on behalf of	the corporation by	the receiver or to	rustee.				
statements, and that all stateme	nts contained							
Name of Authorized Representativ	re	•			Date			
ANTHONY COSTANZO III		An ()			<u> </u>			
Signature of Authorized Represen	tative	The of	Her	Pro	3(Den)			
MAIL TO:	<u></u>		15	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov