



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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 FEB 23 10 49 AM

1. Entity ID Number 000104332		2. Exact name of the Corporation TURN OF THE CENTURY BUILDERS & SUBCONTRACTORS, INC.												
3. Principal Office Address 20 Birchwood Dr			City Cranston	State RI	Zip 02920									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Construction services												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name John A. Mignanelli			Vice-President Name John A. Mignanelli											
Street Address 20 Birchwood Dr			Street Address 20 Birchwood Dr											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
Secretary Name John A. Mignanelli			Treasurer Name John A. Mignanelli											
Street Address 20 Birchwood Dr			Street Address 20 Birchwood Dr											
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name John A Mignanelli			Director Name same as above											
Street Address 20 Birchwood Dr			Street Address											
City Cranston	State RI	Zip 02920	City	State	Zip									
Director Name same as above			Director Name Same as above											
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100.00</td> <td>CNP</td> <td>100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100.00	CNP	100			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100.00	CNP	100												
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 John A. Mignanelli				Date 2/15/2021										
Signature of Authorized Representative <i>John A. Mignanelli</i>				FILED										

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

FEB 23 2021

 BY *DX032m*
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