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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

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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BUS SVCS DIV
2021 FEB 23 A 9:19

1. Entity ID Number	2. Exact name of the Corporation			
000104332	TURN OF THE CENTURY BUILDERS & SUBCONTRACTORS, INC.			
3. Principal Office Address	City	State	Zip	
20 Birchwood Dr	Cranston	RI	02920	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236118	Construction services			
5. State of Incorporation				
Rhode Island				

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

President Name	Vice-President Name
John A. Mignanelli	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	**Treasurer Name**
John A. Mignanelli	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	Director Name
John A Mignanelli	same as above
Street Address: 20 Birchwood Dr	Street Address:
City: Cranston, State: RI, Zip: 02920	City: , State: , Zip:
Director Name	**Director Name**
same as above	Same as above
Street Address:	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
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	Date
John A. Mignanelli	2/15/2021

Signature of Authorized Representative: John A. Mignanelli

FILED
FEB 23 2021
BY

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

9:20