



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

APR 19 2021

*62*

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.

BY 15022

1. Entity ID Number 85712		2. Exact name of the Corporation Colonial Construction Company, <i>of Newport, Inc.</i>			
3. Principal Office Address P.O. Box 1464		City Newport		State RI	Zip 02840
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island the operation of a general contracting business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Thomas P. Mazza			Vice-President Name		
Street Address P.O. Box 1464			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State I	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Thomas P. Mazza			Director Name		
Street Address P.O. Box 1464			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		common	no par value
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. <b>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.</b>					
Name of Authorized Representative Thomas P. Mazza					Date <i>April 19 2021</i>
Signature of Authorized Representative <i>Thomas P. Mazza</i>					