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

**Annual Report for the year: 2024**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000306712</b>		2. Exact name of the Corporation <b>Antinozzi Associates PC</b>			
3. Principal Office Address <b>271 Fairfield Avenue</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip <b>06604</b>
4. NAICS Code <b>541310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Professional Architectural and Interior Design Services</b>			
5. State of Incorporation <b>CT</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>F. Michael Ayles</b>			Vice-President Name <b>Michael LoSasso &amp; Paul A Lisi</b>		
Street Address <b>446 Old Whitfield Avenue, Unit G</b>			Street Address <b>see below</b>		
City <b>Guilford</b>	State <b>CT</b>	Zip <b>06437</b>	City	State	Zip
Secretary Name <b>Paul A. Lisi</b>			Treasurer Name <b>Michael LoSasso</b>		
Street Address <b>16 Farm View Road</b>			Street Address <b>4169 Madison Ave</b>		
City <b>Monroe</b>	State <b>CT</b>	Zip <b>06468</b>	City <b>Trumbull</b>	State <b>CT</b>	Zip <b>06611</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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			
		<b>50</b>		<b>\$ 100.00</b>	
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 <b>F. Michael Ayles</b>				Date <b>10/31/24</b>	
Signature of Authorized Representative 				<b>FILED</b>	

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

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