



State of Rhode Island
Department of State - Business Services Division

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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 000306712		2. Exact name of the Corporation Antinozzi Associates PC			
3. Principal Office Address 271 Fairfield Avenue		City Bridgeport		State CT	Zip 06604
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island Professional Architectural and Interior Design Services			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name F. Michael Ayles			Vice-President Name Michael LoSasso & Paul A Lisi		
Street Address 446 Old Whitfield Avenue, Unit G			Street Address see below		
City Guilford	State CT	Zip 06437	City	State	Zip
Secretary Name Paul A. Lisi			Treasurer Name Michael LoSasso		
Street Address 16 Farm View Road			Street Address 4169 Madison Ave		
City Monroe	State CT	Zip 06468	City Trumbull	State CT	Zip 06611
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		50		\$ 100.00	
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 F. Michael Ayles				Date 10/31/24	
Signature of Authorized Representative 				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

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