STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
1117	ANTHONY'S ATLANTIC, INC.		
3. Street Address Principal Business Office	City	State	Zip
1 Plympton Street	No. Providence	RI	02904
4. Business Phone No.	5. State of Incorporation		
354-4300	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island

AUTO REPAIR

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Anthony DeCarlo			Anthony DeCarlo		
Street Address			Street Address		
1 Plympton Street			1 Plympton Street		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Secretary Name			Treasurer Name		
Anthony DeCarlo			Anthony DeCarlo		
Street Address			Street Address		
1 Plympton Street			1 Plympton Street		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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 *("X" BOX FOR ATTACHMENT)* ☐ 10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM NO PAR VALUE			100	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

[redacted]

[redacted]

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.

Anthony DeCarlo 23 Feb. 09
Signature *Date*

Anthony DeCarlo
Print or Type Name

President
Title

[redacted]

File Date 2-24-09 2/24/09
Check No. 1586 1586
By: mnc mnc
FOR SECRETARY OF STATE USE ONLY