



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>33652</u>		2. Exact name of the Corporation <u>ANGELO PADULA + SON INC</u>			
3. Principal office address <u>2 CANNA ST.</u>			City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>
4. Business Phone No. <u>401-822-3100</u>			5. State of Incorporation <u>R.I.</u>		
6. Brief description of the character of business conducted in Rhode Island <u>JUNK YARD AND SALVAGE YARD BUSINESS, SALE OF AUTO PARTS USED CARS, AND MECHANICAL WORK.</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>ANGELO PADULA JR</u>			Vice-President Name <u>FRANCES PADULA</u>		
Street Address <u>2 CANNA ST.</u>			Street Address <u>2 CANNA ST.</u>		
City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>
Secretary Name <u>FRANCES PADULA</u>			Treasurer Name <u>ANGELO PADULA JR</u>		
Street Address <u>2 CANNA ST.</u>			Street Address <u>2 CANNA ST.</u>		
City <u>W.W.</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W.W.</u>	State <u>R.I.</u>	Zip <u>02893</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>None</u>			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 <u>4000 COMM NO PAR VALUE</u>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>0</u>		

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.

FILED

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 12 2012

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Angelo Padula Jr. 3-9-12
 Signature of Authorized Representative Date

ANGELO PADULA JR PRES.
 Print or Type Name of Authorized Representative