



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 2013**

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. <b>67976</b>		2. Exact name of the Corporation <b>Atwood Auto Repair, Inc.</b>						
3. Principal office address <b>1117 Atwood Avenue</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>				
4. Business Phone No. <b>401-943-4830</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>To own, operate and maintain a business to repair and service motor vehicles.</b>								
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>								
President Name <b>David Pagliarini</b>			Vice-President Name <b>David Pagliarini</b>					
Street Address <b>6 Rotary Drive</b>			Street Address <b>6 Rotary Drive</b>					
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>			
Secretary Name <b>Cindy Pagliarini</b>			Treasurer Name <b>David Pagliarini</b>					
Street Address <b>6 Rotary Drive</b>			Street Address <b>6 Rotary Drive</b>					
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>			
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>								
Director Name <b>David Pagliarini</b>			Director Name					
Street Address <b>6 Rotary Drive</b>			Street Address					
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
<b>9. SHARES AUTHORIZED</b>								
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>								
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
						200	COMMON	NONE

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAR 11 2013**

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.

*David Pagliarini* 3/6/2013  
Signature of Authorized Representative Date

**David Pagliarini, President**

Print or Type Name of Authorized Representative

By *mnc*

*CH #10288*