



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 2014

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. 51358		2. Name of Corporation Apollonio's Automotive Service, Inc.		
3. Street Address Principal Business Office 653 Tiogue Avenue		City Coventry	State RI	Zip 02816
4. Business Phone No. 401-823-5993		5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
AUTO REPAIR AND SALES

7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT					
President Name Giuseppe Apollonio			Vice President Name Giuseppe Apollonio		
Street Address 653 Tiogue Avenue			Street Address 653 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Luciana Apollonio			Treasurer Name Luciana Apollonio		
Street Address 653 Tiogue Avenue			Street Address 653 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816

8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT					
Director Name N/A			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 <input type="checkbox"/>			10. SHARES ISSUED: (X) BOX FOR ATTACHMENT <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-0-	common	no par value
			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.



51358

FILED

JAN 18 2014
20770

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.

Giuseppe Apollonio 1-8-2014
Signature Date

Giuseppe Apollonio

Print or Type Name

President

Title

Presidente

File Date: _____
Check No: _____
By: _____
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