



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 2014

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. 68739		2. Exact name of the Corporation A.T.D., Inc.			
3. Principal office address 9 Nutmeg Drive		City Johnston		State RI	Zip 02919
4. Business Phone No. 401-934-2145		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Salon for the cutting/styling of men, women and children; treatment of hair, skin, nails and sale of products for hair, skin and nails.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Alfred T. DiLibero, Jr.			Vice-President Name Alfred T. DiLibero, Jr.		
Street Address 9 Nutmeg Drive			Street Address Same		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Alfred T. DiLibero, Jr.			Treasurer Name Lynn M. DiLibero		
Street Address Same			Street Address 9 Nutmeg Drive		
City	State	Zip	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name Alfred T. DiLibero, Jr.			Director Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒		
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
			100	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

FEB 11 2014

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.

Signature of Authorized Representative _____ Date _____

Alfred T. DiLibero, Jr.

Print or Type Name of Authorized Representative

BY 11137