



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 2015

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. 7573		2. Exact name of the Corporation FRANK'S AUTO TOP, INC.			
3. Principal office address 883 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-781-6396			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE INTERIOR AND TOPS, PROFESSIONAL AND GENERAL UPHOLSTERY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEVEN A. SANTOPIETRO			Vice-President Name PAUL SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 883 ELMWOOD AVENUE		
City WARWICK	State RI	Zip 02886	City PROVIDENCE	State RI	Zip 02907
Secretary Name LORI L SANTOPIETRO			Treasurer Name STEVEN A SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 195 LARCHWOOD DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name STEVEN A. SANTOPIETRO			Director Name PAUL SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 883 ELMWOOD AVENUE		
City WARWICK	State RI	Zip 02886	City PROVIDENCE	State RI	Zip 02907
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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
			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
 JAN 23 2015
 6055

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.

Steven Santopietro
 Signature of Authorized Representative Date 1/15/15

STEVEN A. SANTOPIETRO, PRESIDENT

Print or Type Name of Authorized Representative