



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 2016

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. 1549		2. Exact name of the Corporation Atlas ATM Corp.		
3. Principal office address 1106 North Main St.		City Providence	State RI	Zip 02904
4. Business Phone No. (401) 421-4183		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island ATM vendor				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Peter Porrazzo		Vice-President Name None		
Street Address 22 Trinidad St.		Street Address		
City Providence	State RI	Zip 02908	City	State Zip
Secretary Name Beatrice Porrazzo		Treasurer Name Peter Porrazzo		
Street Address 22 Trinidad St.		Street Address 22 Trinidad St.		
City Providence	State RI	Zip 02908	City Providence	State RI Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Peter Porrazzo		Director Name Beatrice Porrazzo		
Street Address 22 Trinidad St.		Street Address 22 Trinidad St.		
City Providence	State RI	Zip 02908	City Providence	State RI Zip 02908
Director Name None		Director Name None		
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
		300	Common	No Par

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

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.

FILED

Signature of Authorized Representative

Date

Peter Porrazzo

Print or Type Name of Authorized Representative

FEB 01 2016

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