



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. 53344		2. Exact name of the Corporation Bucci's Auto Inc.		
3. Principal office address 300 Mendon Road		City Cumberland	State R.I.	Zip 02864
4. Business Phone No. 401-726-4530		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Automotive Body Repairs, Painting Retail and Wholesale Parts				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Peter K. Landers		Vice-President Name Sarah J. Landers		
Street Address 106 Log Road		Street Address 106 Log Road		
City Harrisville	State R.I.	Zip 02830	City Harrisville	State R.I.
Secretary Name Peter K. Landers		Treasurer Name Peter K. Landers 11		
Street Address 106 Log Road		Street Address 331 Minerva Avenue		
City Harrisville	State R.I.	Zip 02830	City Cumberland	State R.I.
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 400		CLASS/SERIES common		PAR VALUE 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:

FILED

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.

Sarah J. Landers 2/10/16
Signature of Authorized Representative Date

Sarah J. Landers

Print or Type Name of Authorized Representative

FEB 16 2016

By

KL 18763