



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.	Zip 02830
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.	Zip 02864
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	Zip
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
			400	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: _____

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

FOR SECRETARY OF STATE USE ONLY

Sarah J. Landers
 Print or Type Name of Authorized Representative