



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN -7 AM 10:23

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000818630		ATLANTIC TIRES INC			
3. Principal Office Address			City	State	Zip
27 ATLANTIC AVENUE			PROVIDENCE	RI	02907
4. Business Phone Number			5. State of Incorporation		
401-855-1825			RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island					
Selling and repair tires and any other business petmitted by the law.					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Steven Severino			Vice-President Name Herminio Severino		
Street Address 27 Atlantic Avenue			Street Address 27 Atlantic Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name n/a			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Steven Severino			Director Name Herminio Severino		
Street Address 27 Atlantic Avenue			Street Address 27 Atlantic Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
9. Shares Authorized			10. Shares Issued <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	0.01
11. 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. 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.					
Name of Authorized Representative Herminio Severino				Date 06/06/2016	
Signature of Authorized Representative <i>Herminio Severino</i>					

FILED

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