



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR SECRETARY OF
STATE USE ONLY

1. Entity ID Number 68739		2. Exact name of the Corporation A.T.D., Inc.			
3. Principal Office Address 9 Nutmeg Drive		City Johnston		State RI	Zip 02919
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island Salon for the cutting/styling of men, women and children's hair; treatment of hair, skin, nails and sale of products.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred T. DiLibero, Jr.			Vice-President Name Alfred T. DiLibero, Jr.		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred T. DiLibero, Jr.			Treasurer Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfred T. DiLibero, Jr.			Director Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment <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
		100		Common	No Par Value
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 Alfred T. DiLibero, Jr., President <i>Alfred T DiLibero</i>				Date 2/1/17	
Signature of Authorized Representative					
SIGN DOCUMENT HERE				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 10 2017

BY 14072 km

FORM 630 - Revised: 10/2016