



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.

1. Entity ID Number 154950		2. Exact name of the Corporation Automotive Personnel Agency Of RI, Inc.			
3. Principal Office Address 376 Cove Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Personnel Placement and Medicare Ins			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mathew Ferrucci			Vice-President Name Eleanor Danielski		
Street Address 133 Pineview Lane			Street Address 133 Pineview Lane		
City Coram	State NY	Zip 11727	City Coram	State NY	Zip 11727
Secretary Name			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 Mathew Ferrucci			Director Name Eleanor Danielski		
Street Address 133 Pineview Lane			Street Address 133 Pineview Lane		
City Coram	State NY	Zip 11727	City Coram	State NY	Zip 11727
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
		5000		Common	\$1.00
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 Mathew Ferrucci					Date 2/8/2017
Signature of Authorized Representative <i>Mathew Ferrucci</i>					

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

FILED
FEB 15 2017

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