



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

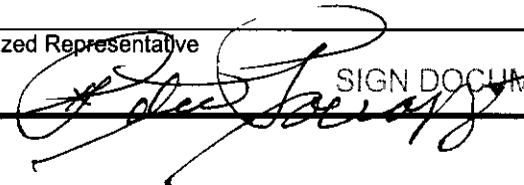
Annual Report for the year: 2017

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 1549		2. Exact name of the Corporation Atlas ATM Corp.			
3. Principal Office Address 1106 North Main St.		City Providence	State RI	Zip 02904	
4. Business Phone Number (401) 421-4183		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island ATM vendor					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Porrazzo		Vice-President Name None			
Street Address 22 Trinidad St.		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Beatrice Porrazzo		Treasurer Name Peter Porrazzo			
Street Address 22 Trinidad St.		Street Address 22 Trinidad St.			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Porrazzo		Director Name Beatrice Porrazzo			
Street Address 22 Trinidad St.		Street Address 22 Trinidad St.			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE No Par	
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 Peter Porrazzo				Date 2-16-17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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 21 2017

BY

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FORM 630 - Revised: 05/2016