



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 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. NAICS Code S1		6. Brief description of the character of business conducted in Rhode Island Automotive Body Repairs, Painting Retail and Whole Parts			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 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
			400		common
					PAR VALUE
					none
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 Sarah J. Landers				Date 2/20/2017	
Signature of Authorized Representative <i>Sarah J. Landers</i>				FILED FEB 23 2017	
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

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