



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33652		2. Exact name of the Corporation ANGELO PADULA + SON INC			
3. Principal office address 2 CANNA ST.		City WEST WARWICK	State RI	Zip 02893	
4. Business Phone No. 401-822-3100		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island SALVAGE YARD Business SALE OF AUTO PARTS, USED CARS, MECHANICAL WORK,					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANGELO A. PADULA JR		Vice-President Name FRANCES R. PADULA			
Street Address 554 WAKEFIELD ST		Street Address 26 CROSSLAND RD.			
City W.W.	State RI	Zip 02893	City W.W.	State RI	Zip 02893
Secretary Name FRANCES R. PADULA		Treasurer Name ANGELO A. PADULA JR.			
Street Address 26 CROSSLAND RD.		Street Address 554 WAKEFIELD ST.			
City W.W.	State RI	Zip 02893	City W.W.	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 4000 COMMON NO PAR VALUE SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	

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.

File Date _____
 Check No _____
 By: _____

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.

FILED
MAR 06 2017
 Signature of Authorized Representative: **ANGELO PADULA JR.**
 Date: **1-23-17**
 Print or Type Name of Authorized Representative: **ANGELO PADULA JR.**