



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 31 PM 3:09

1. Entity ID No. 67976		2. Exact name of the Corporation Atwood Auto Repair, Inc.					
3. Principal office address 1117 Atwood Avenue			City Johnston		State RI	Zip 02919	
4. Business Phone No. 401-943-4830			5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To own, operate and maintain a business to repair and service motor vehicles.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name David Pagliarini			Vice-President Name David Pagliarini				
Street Address 6 Rotary Drive			Street Address 6 Rotary Drive				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
Secretary Name Cindy Pagliarini			Treasurer Name David Pagliarini				
Street Address 6 Rotary Drive			Street Address 6 Rotary Drive				
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name David Pagliarini			Director Name				
Street Address 6 Rotary Drive			Street Address				
City Johnston	State RI	Zip 02919	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED							
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.							
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
		NUMBER OF SHARES	CLASS/SERIES		PAR VALUE		
		200	COMMON		NONE		

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 31 2017

By 299921
3:06.

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.

Signature of Authorized Representative

Date

David Pagliarini, President

Print or Type Name of Authorized Representative

David Pagliarini 3-28-17