



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. <u>000011344</u>		2. Exact name of the Corporation <u>TOWNE AUTO UPHOLSTERY INC</u>	
3. Principal office address <u>627 KILLINGLY ST.</u>		City <u>JOHNSTON</u>	State <u>RI</u>
4. Business Phone No. <u>401-861-6585</u>		5. State of Incorporation <u>RHODE ISLAND</u>	
6. Brief description of the character of business conducted in Rhode Island <u>UPHOLSTERY SHOP FOR AUTOS/TRUCKS-BOATS/ECT.</u>			
President Name <u>ALEXANDER DIGIGLIO</u>		Vice-President Name	
Street Address <u>44 KINFIELD ST</u>		Street Address	
City <u>PROV.</u>	State <u>R.I.</u>	Zip <u>02909</u>	
Secretary Name		Treasurer Name <u>ALEXANDER DIGIGLIO</u>	
Street Address		Street Address <u>44 KINFIELD ST.</u>	
City	State	Zip	
		<u>PROVIDENCE</u>	<u>RI</u> <u>02909</u>
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
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 <u>100</u>	CLASS/SERIES <u>CNP</u>
			PAR VALUE <u>0</u>

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.

Signature of Authorized Representative

Date

ALEXANDER DIGIGLIO
 Print or Type Name of Authorized Representative