



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

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 51358		2. Exact name of the Corporation Apollonio's Automotive Service, Inc.			
3. Principal Office Address 653 Tiogue Avenue			City Coventry	State RI	Zip 02816
4. Business Phone Number 401-823-5993			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Auto repair and sales <u>81113</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Giuseppe Apollonio			Vice-President Name Giuseppe Apollonio		
Street Address 653 Tiogue Avenue			Street Address 653 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Luciana Apollonio			Treasurer Name Luciana Apollonio		
Street Address 653 Tiogue Avenue			Street Address 653 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			1. Shares Issued		
This information is currently of record in the Department of State. 1000 common no par value Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 0	CLASS/SERIES common	PAR VALUE no par value
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 Giuseppe Apollonio, President					Date 1-10-2018
Signature of Authorized Representative SIGN DOCUMENT HERE <i>Giuseppe Apollonio</i>					

FILED

JAN 18 2018

BY 22922 DS

MAIL TO:
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 Website: www.sos.ri.gov