



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB -8 AM 11:14

1. Entity ID Number 7573		2. Exact name of the Corporation FRANK'S AUTO TOP, INC.			
3. Principal Office Address 883 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN BUSINESS OF INTERIOR AUTO REPAIR, INCLUDING FABRIC AND UPHOLSTERY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN A SANTOPIETRO			Vice-President Name		
Street Address 195 LARCHWOOD DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name LORI L SANTOPIETRO			Treasurer Name STEVEN A SANTOPIETRO		
Street Address 195 LARCHWOOD DRIVE			Street Address 195 LARCHWOOD DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN A SANTOPIETRO			Director Name		
Street Address 195 LARCHWOOD DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	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		
			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 STEVEN A SANTOPIETRO					Date 1-31-18
Signature of Authorized Representative <i>Steven Santopietro</i>					

FILED

FEB 08 2018

BY 10617 KM