



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

FILED

Annual Report for the year: 2018
Corporation

FEB 15 2018

BY 19829

- 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 <u>53344</u>		2. Exact name of the Corporation <u>Bucci's Auto Inc.</u>			
3. Principal Office Address <u>300 Mendon Road</u>			City <u>Cumberland</u>	State <u>R.I.</u>	Zip <u>02864</u>
4. NAICS Code <u>423140</u>		6. Brief description of the character of business conducted in Rhode Island <u>Auto body repairs Painting Retail and Wholesale Parts</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Peter K. Landers</u>			Vice-President Name <u>Sarah J. Landers</u>		
Street Address <u>106 Log Road</u>			Street Address <u>106 Log Road</u>		
City <u>Harrisville</u>	State <u>R.I.</u>	Zip <u>02830</u>	City <u>Harrisville</u>	State <u>R.I.</u>	Zip <u>02830</u>
Secretary Name <u>Peter K. Landers</u>			Treasurer Name <u>Peter K. Landers 11</u>		
Street Address <u>106 Log Road</u>			Street Address <u>331 Minerva Avenue</u>		
City <u>Harrisville</u>	State <u>R.I.</u>	Zip <u>02830</u>	City <u>Cumberland</u>	State <u>R.I.</u>	Zip <u>02864</u>
8. List ALL directors (names and addresses)					Check the box to indicate an 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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>400</u>		<u>COMMON</u>	<u>none</u>
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 <u>Sarah J. Landers</u>				Date <u>2/12/2018</u>	
Signature of Authorized Representative <u>Sarah J. Landers</u>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov