



State of Rhode Island and Providence Plantations

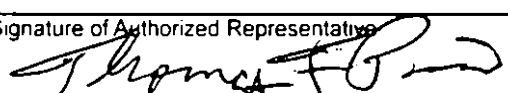
Department of State - Business Services Division

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 1018646		2 Exact name of the Corporation ATP Property, Inc.			
3 Principal Office Address 99 Hicks Street			City East Providence	State RI	Zip 02914
4 NAICS Code 531390	6 Brief description of the character of business conducted in Rhode Island Real Estate ownership, leasing and management.				
5 State of Incorporation Rhode Island					
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas F. Price			Vice-President Name Patricia M. Price		
Street Address 99 Hicks Street			Street Address 99 Hicks Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Ashley A. Almeida			Treasurer Name Ashley A. Almeida		
Street Address 99 Hicks Street			Street Address 99 Hicks Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02806
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Thomas F. Price			Director Name Patricia M. Price		
Street Address 99 Hicks Street			Street Address 99 Hicks Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/ES		
			50	Common	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 Thomas F. Price, President				Date 2/ /2018	
Signature of Authorized Representative  FILED MAR 22 2018 BY <u>103105</u>					

MAIL TO:
Division of Business Services
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