



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

FILED

JAN 28 2019

Annual Report for the year: 2019
Corporation

BY 305
JK

- 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 70442		2. Exact name of the Corporation A-1 MOBILE HOMES, INC.			
3. Principal Office Address 43 LANGDON AVENUE			City PAWTUCKET	State RI	Zip 02861
4 NAICS Code 531190		6. Brief description of the character of business conducted in Rhode Island TRAILER PARK RENTALS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEAN VITALI			Vice-President Name JEAN VITALI		
Street Address 43 LANGDON AVENUE			Street Address 43 LANGDON AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name JEAN VITALI			Treasurer Name JEAN VITALI		
Street Address 43 LANGDON AVENUE			Street Address 43 LANGDON AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEAN VITALI			Director Name		
Street Address 43 LANGDON AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	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
			160	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 JEAN VITALI					Date 1-24-18
Signature of Authorized Representative <i>Jeann Vitali</i>			SIGN DOCUMENT HERE		

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