



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

Annual Report for the year: 2019
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 132019		2. Exact name of the Corporation D'AGOSTINO MOTORS, LTD.												
3. Principal Office Address 411 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917									
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island THE PURCHASE AND SALE OF NEW AND USED EQUIPMENT												
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 PAUL R. D'AGOSTINO			Vice-President Name CHRISTOPHER D'AGOSTINO											
Street Address 411 DOUGLAS PIKE			Street Address 411 DOUGLAS PIKE											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name PAUL D'AGOSTINO			Director Name CHRISTOPHER D'AGOSTINO											
Street Address 411 DOUGLAS PIKE			Street Address 411 DOUGLAS PIKE											
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>COMMON</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	COMMON	0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	COMMON	0.00												
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					Date 1-26-19									
Signature of Authorized Representative														

FILED DOCUMENT

FILED

JAN 30 2019

BY

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