



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 <b>142991</b>		2. Exact name of the Corporation <b>Todisco Enterprises, Inc.</b>			
3. Principal Office Address <b>380 VALLEY STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code 81121		6. Brief description of the character of business conducted in Rhode Island <b>TO PERFORM AUTO BODY REPAIR WORK</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIO TODISCO</b>			Vice-President Name <b>STEVEN PAIVA</b>		
Street Address <b>380 VALLEY STREET</b>			Street Address <b>380 VALLEY STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>KARLEEN M. L. TODISCO</b>			Treasurer Name <b>KARLEEN M. L. TODISCO</b>		
Street Address <b>380 VALLEY STREET</b>			Street Address <b>380 VALLEY STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
300		COMMON		\$0.00	
Changes require an additional filing.					
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 <b>MARIO TODISCO</b>					Date <b>2/20/19</b>
Signature of Authorized Representative 					<b>FILED</b>
					<b>FEB 22 2019</b>

MAIL TO:  
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