



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.

FILED
 STAMP
MAR 25 2019
 BY 13069 DS

1. Entity ID Number 67976		2. Exact name of the Corporation ATWOOD AUTO REPAIR, INC.			
3. Principal Office Address 1117 Atwood Avenue			City Johnston	State RI	Zip 02919
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island To own, operate and maintain a business to repair and service motor vehicles.			
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 David Pagliarini			Vice-President Name David Pagliarini		
Street Address 6 Rotary Drive			Street Address 6 Rotary Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Cindy Pagliarini			Treasurer Name David Pagliarini		
Street Address 6 Rotary Drive			Street Address 6 Rotary Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Pagliarini			Director Name		
Street Address 6 Rotary Drive			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	None
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 David Pagliarini, President					Date 3-18-19
Signature of Authorized Representative <i>David Pagliarini</i>			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov