

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 MAR 26 AM 9: 29

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	O fee if form is no	ot filed by April 1.					
1. Entity ID Number 001676144		2. Exact name of the Corporation ATOMIC 794 PARK AVE, INC					
3. Principal Office Address 794 PARK AVENUE			City	N	State RI	Z _I p 02910	
4. NAICS Code S. State of Incorporation RHODE ISLAND		ription of the chara $2 Salok$		onducted in Rh	ode Island		
7. List ALL officers (names and a	Check the box to indicate an attachment						
President Name DANIEL G MON	Vice-President Name						
Street Address 145 LEXINGTON	Street Address						
City NORTH PROVIDENCE	State RI	^{Zip} 02904	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	d addresses)	<u> </u>	•	C	heck the box to inc	dicate an attachment 🔲	
Director Name			Director Name	!			
Street Address	Street Address						
City	State	Zip	City		State	Zıp	
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized	,	10. Shares Is					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES 0		PAR VALUE	
Changes require an additional fili	ng.						
11. This report must be execute	d on behalf of the	corporation by an	authorized repres	I sentative. If the	corporation is in th	e 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							
Under penalty of perjury, I des statements, and that all states				including any a	accompanying sc.	hedules and	
Name of Authorized Representa					Date /		
Daniel Monterio FILED					3/2	-6/19	
Signature of Authorized Repres	entative	3.01.0		_	• •	1	
S.ON POCUPEYT HERE MAD 9 & 2010							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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