



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

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 DEC 19 AM 9:32

1. Entity ID Number 000791659		2. Exact name of the Corporation PAWTUCKET Automotive INC	
3. Principal Office Address 262 BROADWAY		City PAWTUCKET	State RI
		Zip 02860	
4. NAICS Code 81121	6. Brief description of the character of business conducted in Rhode Island Auto Body Repairs		
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 DOMENIC S. COCCIA JR		Vice-President Name DOMENIC S. COCCIA JR	
Street Address 262 BROADWAY		Street Address 262 BROADWAY	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02860
Secretary Name DOMENIC S. COCCIA JR		Treasurer Name DOMENIC S. COCCIA JR	
Street Address 262 BROADWAY		Street Address 262 BROADWAY	
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET
			State RI
			Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 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
		100	
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 DOMENIC S. COCCIA JR		Date 12/19/19	
Signature of Authorized Representative <i>Domenic S. Coccia Jr.</i>			

MAIL TO:
 Division of Business Services
 148 W River Street, Providence Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.scs.r.gov

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