



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

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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