



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.

FILED

DEC 19 2019

BY

3058 DS

1. Entity ID Number 70442		2. Exact name of the Corporation A-1 MOBILE HOMES, INC.										
3. Principal Office Address 43 LANGDON AVENUE		City PAWTUCKET	State RI									
		Zip 02861										
4. NAICS Code 531190	6. Brief description of the character of business conducted in Rhode Island TRAILER PARK RENTALS											
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 JEAN VITALI		Vice-President Name JEAN VITALI										
Street Address 43 LANGDON AVENUE		Street Address 43 LANGDON AVENUE										
City PAWTUCKET	State RI	City PAWTUCKET	State RI									
	Zip 02861		Zip 02861									
Secretary Name JEAN VITALI		Treasurer Name JEAN VITALI										
Street Address 43 LANGDON AVENUE		Street Address 43 LANGDON AVENUE										
City PAWTUCKET	State RI	City PAWTUCKET	State RI									
	Zip 02861		Zip 02861									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name JEAN VITALI		Director Name										
Street Address 43 LANGDON AVENUE		Street Address										
City PAWTUCKET	State RI	City	State									
	Zip 02861		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:center;">NUMBER OF SHARES</th> <th style="text-align:center;">CLASS-SERIES</th> <th style="text-align:center;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">160</td> <td style="text-align:center;">COMMON</td> <td style="text-align:center;">NO PAR VALUE</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	160	COMMON	NO PAR VALUE			
NUMBER OF SHARES	CLASS-SERIES	PAR VALUE										
160	COMMON	NO PAR VALUE										
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 JEAN VITALI			Date 12-17-19									
Signature of Authorized Representative 												

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov