



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

JAN 21 2020

2433

1. Entity ID Number 000089038		2. Exact name of the Corporation ATLAS FABRICATION INC.			
3. Principal Office Address 20 Providence Pike		City North Smithfield		State RI	Zip 02896
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island TO Purchase and sell manufactured solid surface and hand wood products as well as composites.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth Beck			Vice-President Name		
Street Address 182 School Street			Street Address		
City REHOBOTH	State MA	Zip 02869	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth Beck			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 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		
			100		
			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 Kenneth Beck					Date 01/17/20
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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