



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 30 2020 *a*

*10810*

1. Entry ID Number <b>000011344</b>		2. Exact name of the Corporation <b>TOWNE AUTO UPHOLSTERY, INC.</b>			
3. Principal Office Address <b>627 KILLINGLY STREET</b>			City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>811121</b>		6. Brief description of the character of business conducted in Rhode Island <b>UPHOLSTERY SHOP FOR AUTO, TRUCKS, BOATS/ ECT</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ALEXANDER DIGIGLIO</b>			Vice-President Name		
Street Address <b>44 KINFIELD STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name <b>ALEXANDER DIGIGLIO</b>		
Street Address			Street Address <b>44 KINFIELD STREET</b>		
City	State	Zip	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	0
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.					
<b>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.</b>					
Name of Authorized Representative <b>ALEXANDER DIGIGLIO</b>					Date <b>1-30-2020</b>
Signature of Authorized Representative <i>X Alexander DiSiglio</i>					