RI SOS Filing Number: 202036379000 Date: 3/13/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020

MAR 1 3 2020 82

Corporation	•	202	

→ Filing period: January 1 - March 1

<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.</li> </ul>		ot filed by April 1.		٧٠	297	·			
1. Entity ID Number 000753553	2. Exact nam	2. Exact name of the Corporation  A T Appliance Repair, Inc							
3. Principal Office Address	<del></del>		City		State	Zip			
21 Maywood Avenue			Warwick		RI	02889			
4. NAICS Code	6. Brief descr	ription of the chara	cter of business co	inducted in Rhode	Island				
811490	Appliance re	epair and mainter	nance services						
5. State of Incorporation RI									
7. List ALL officers (names an	d addresses)			Check	the box to in	dicate an attachmen			
President Name Annette Gerer		Vice-President Name			Geremia				
Street Address 21 Maywood Avenue		Street Address	Street Address 21 Maywood Avenue						
City Warwick	State RI	Zip 02889	City Warwick		State RI	Zip <b>02889</b>			
Secretary Name Annette Gerer		Treasurer Name Annette Gerem							
Street Address 21 Maywood A	venue		Street Address	21 Maywood Aver	ıue	. 202 121122			
City Warwick	State RI	Zip <b>02889</b>	City Warwick	•	State RI	Zip 02889			
8. List ALL directors (names a	nd addresses)	I		Check	the box to ir	ndicate an attachmen			
Director Name None			Director Name						
Street Address	,		Street Address	-					
City	State	Zip	City		State	Zip			
Director Name		Director Name		<b>!</b>	<u> </u>				
Street Address		<del></del>	Street Address		•				
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is				ndicate an attachmen			
This information is currently of Department of State.	s currently of record in the NUMBER O		OF SHARES			PAR VALUE			
Changes require an additional filing.		100		Common		No Par			
Changes require an additional t	uing.								
11. This report must be execu-	ted on behalf of the	corporation by an	authorized represe	entative. If the corp	oration is in t	he hands of a receive			
trustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or tru	stee.					
Under penalty of perjury, I d statements, and that all stat	eclare and affirm t ements contained	hat I have examir herein are true ai	ied this report, in nd correct	cluding any accor	mpanying so	chedules and			
Name of Authorized Represer	ntative		id correct.		Date				
Annette Geremia					211	7)20			
Signature of Authorized Repre	sentative	SIGN DO	CUMENT HERE			. <del>И.Э.</del> П			
T/mote /	em								

MAIL TO:

**Division of Business Services**