RI SOS Filing Number: 202069754300 Date: 10/29/2020 11:20:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2020 OCT -6 AM 9:28

STAMP

FOR

1. Entity ID Number	2. Exact name of the Corporation		
000818630	ATLANTIC TIRES INC		
3. Principal Office Address	**City**	**State**	**Zip**
27 ATLANTIC AVENUE	PROVIDENCE	RI	02907
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
811198	SELLING AND REPAIR TIRES AND ANY OTHER BUSINESS PERMITTED BY LAW.		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
STEVEN SEVERINO	27 ATLANTIC AVENUE	PROVIDENCE	RI	02907

Vice-President Name	Street Address	City	State	Zip
HERMINIO SEVERINO	27 ATLANTIC AVENUE	PROVIDENCE	RI	02907

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
STEVEN SEVERINO	27 ATLANTIC AVENUE	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip
HERMINIO SEVERINO	27 ATLANTIC AVENUE	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	STK	0.0100

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	Date
HERMINIO SEVERINO	10/01/2020

Signature of Authorized Representative

Herminio Severino

2020 OCT 23 A 11:18

FILED
OCT 29 2020
BY JAZZA
A.A. 11:20 A.M.

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov