



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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
STAMP
 JAN 26 2021
 BY 91026 OS

1. Entity ID Number 000022233		2. Exact name of the Corporation ROSSI MOTORS, INC.			
3. Principal Office Address 5 Humbert Street			City North Providence	State RI	Zip 02911
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To carry on & conduct a general auto body repair and motor vehicle repair business and other related services.			
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 ROBERT ROSSI			Vice-President Name DONALD ROSSI		
Street Address 5 Humbert Street			Street Address 5 Humbert Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name DONALD ROSSI			Treasurer Name ROBERT ROSSI		
Street Address 5 Humbert Street			Street Address 5 Humbert Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			600		COMMON
					PAR VALUE
					NO PAR
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 ROBERT ROSSI					Date 1-12-2021
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