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State of Rhode Island

Department of State - Business Services Division

FILED AMP

JAN 29 2021

BY 6059 DS

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.

1. Entity ID Number	2. Exact name of the Corporation			
148664	A.D.W., INC.			
3. Principal Office Address		City	State	Zip
58 GREAT ROAD		NORTH SMITHFIELD	RI	02896
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236220	DISTRIBUTION AND WAREHOUSE			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
DENISE GARLICK			TIMOTHY GARLICK		
Street Address			Street Address		
47 MAYFLOWER DRIVE			47 MAYFLOWER DRIVE		
City / State / Zip			City / State / Zip		
SEEKONK	MA	02771	SEEKONK,	MA	02771
Secretary Name			Treasurer Name		
SAME			SAME		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

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

Director Name			Director Name		
DENISE GARLICK					
Street Address			Street Address		
47 MAYFLOWER DRIVE					
City / State / Zip			City / State / Zip		
SEEKONK	MA	02771			
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	NPV

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
DENISE GARLICK	01/15/2021

Signature of Authorized Representative

Denise Garlick

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

FORM 630 - Revised: 08/2020