RI SOS Filing Number: 202190769240 Date: 2/10/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

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.

1. Entity ID Number	2. Exact name of the Corporation
000068739	A.T.D., Inc.

3 Principal Office Address	City	State	Zip
9 Nutmeg Drive	Johnston	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812111	Salon for the cutting/styling of men, women and children's hair; treatment of hair, skin, nails and sale of products.
5. State of Incorporation	
Rhode Island	

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

President Name	Street Address	City	State	Zip
Alfred T. DiLibero, Jr.	9 Nutmeg Drive	Johnston	RI	02919

Vice-President Name	Street Address	City	State	Zip
Alfred T. Dilibero, Jr.	9 Nutmeg Drive	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Alfed T. DiLibero, Jr.	9 Nutmeg Drive	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Lynn M. DiLibero	9 Nutmeg Drive	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
Alfred T. DiLibero, Jr.	9 Nutmeg Drive	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Lynn M. DiLibero	9 Nutmeg Drive	Johnston	RI	02919

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
100	Common	No Par Value

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
Alfred T. DiLibero, Jr., President FILED	2-5-21

Signature of Authorized Representative

Alfred T DiLibero Jr. FEB 10 2021 KM

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

BY 16126

FORM 630 - Revised: 10/2017