RI SOS Filing Number: 202193431090 Date: 3/1/2021 4:00:00 PM

| Department o  Annual Report for th                                | PIAIPIOII                           |  | MAR 0 1 2021                        |                     |                    |                        |  |
|---|-------------------------------------|--|-------------------------------------|---------------------|--------------------|------------------------|--|
| Corporation   | <del></del>                         |  |                                     |                     |                    |                        |  |
| → Filing period: January 1 - March 1 → Filing Fee: \$50.00        |                                     |  |                                     |                     | 1                  | 240                    |  |
| → Penalty: Additional \$2   | 5.00 fee if form is no              | ot filed by April 1.                       |                                     |                     | BY                 |                        |  |
| Entity ID Number  | 2. Exact nam                        | ne of the Corporation                      | n                                   |                     |                    |                        |  |
| 000753553   | A T Appliar                         | ice Repair, Inc.                           |                                     |                     |                    |                        |  |
| 3. Principal Office Address                                       |                                     |  | City                                |                     | State              | Zip                    |  |
| 21 Maywood Avenue   |                                     |  | Warwick                             |                     | RI                 | 02889                  |  |
| NAICS Code 6. Brief description of the charact                    |                                     |  | cter of business of                 | conducted in Rhode  | Island             |                        |  |
| 811490  | Appliance r                         | Appliance repair and maintenance services. |                                     |                     |                    |                        |  |
| 5. State of Incorporation   |                                     |  |                                     |                     |                    |                        |  |
| RI  |                                     |  |                                     |                     |                    |                        |  |
| 7. List ALL officers (names a                                     | nd addresses)                       |  |                                     | Chec                | k the box to indi  | cate an attachment L   |  |
| President Name<br>Annette Gere                                    | Vice-President Name Annette Geremia |  |                                     |                     |                    |                        |  |
| Street Address 21 Maywood Avenue                                  |                                     |  | Street Address<br>21 Maywood Avenue |                     |                    |                        |  |
| City<br>Warwick   | State RI                            | Zip<br>02889                               | City Warwick                        |                     | State RI           | Zip 02889              |  |
| Secretary Name Annette Geremia                                    |                                     |  | Treasurer Name<br>Annette Geremia   |                     |                    |                        |  |
| Street Address 21 Maywood 2                                       | Avenue                              |  | Street Address                      | s<br>21 Maywood Ave | nue                |                        |  |
| City<br>Warwick   | State RI                            | Z <sub>1</sub> p 02889                     | City Warwick                        |                     | State RI           | Zip 02889              |  |
| 8. List ALL directors (names                                      | and addresses)                      |  | In:                                 |                     | k the box to ind   | icate an attachment 🗆  |  |
| Director Name<br>None   |                                     |  | Director Name                       |                     |                    |                        |  |
| Street Address  |                                     |  | Street Address                      | s                   |                    |                        |  |
| City  | State                               | Zıp  | City                                |                     | State              | Zıp                    |  |
| Director Name   |                                     |  | Director Name                       | •                   |                    |                        |  |
| Street Address  | Street Address                      |  |                                     |                     |                    |                        |  |
| City  | State                               | Zip  | City                                |                     | State              | Zip                    |  |
| 9. Shares Authorized  |                                     | 10. Shares Is                              |                                     |                     |                    | icate an attachment 🗀  |  |
| This information is currently on<br>Department of State.          | of record in the                    |  | F SHARES                            | CLASS/SERI          |                    | PAR VALUE              |  |
| ·   |                                     | 100  |                                     | Common              |                    | No Par                 |  |
| Changes require an additiona                                      | l filing.                           |  |                                     |                     |                    |                        |  |
| 11. This report must be exectrustee, this report must be exected. |                                     |  |                                     |                     | poration is in the | hands of a receiver or |  |
| Under penalty of perjury, I                                       | declare and affirm                  | that I have examir                         | ed this report, i                   |                     | mpanying sch       | edules and             |  |
| statements, and that all sta<br>Name of Authorized Represe        | na correct.                         |  | Date                                |                     |                    |                        |  |
| Annette Geremia   |                                     |  | 2135121                             |                     |                    |                        |  |
| Signature of Authorized Rep                                       | <del></del>                         | <del></del>                                | seden                               |                     |                    | <del></del>            |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov