



State of Rhode Island
Department of State - Business Services Division

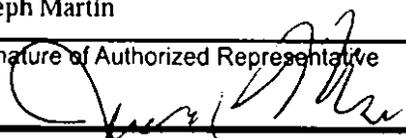
FILED

MAR 17 2021

BY 18710
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 001675216		2. Exact name of the Corporation Signature Automotive Accessories, Inc.			
3. Principal Office Address 330 Providence St.			City West Warwick	State RI	Zip 02893
4. NAICS Code 423120		6. Brief description of the character of business conducted in Rhode Island Automotive Accessories (774) 930-4118			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Martin			Vice-President Name Timothy Perpull		
Street Address 3753 N Main St.			Street Address 80 Ponte Rd.		
City Fall River	State MA	Zip 02720	City Warwick	State RI	Zip 02886
Secretary Name Same			Treasurer Name 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 <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		0		0	
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 Joseph Martin				Date 02/25/2021	
Signature of Authorized Representative 				02/25/2021	

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