



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 APR -7 P 12:04

1. Entity ID Number 000093677		2. Exact name of the Corporation DIVERSIFIED REPAIR SERVICES, INC.			
3. Principal Office Address 503 Hoppin Hill Avenue			City North Attleboro	State MA	Zip 02760
4. NAICS Code 811219		6. Brief description of the character of business conducted in Rhode Island To repair and service air powered instruments and tools			
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 Michael F Marchitto Jr.			Vice-President Name		
Street Address 503 Hoppin Hill Avenue			Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Secretary Name Joan F Marchitto			Treasurer Name Joan F Marchitto		
Street Address 503 Hoppin Hill Avenue			Street Address 503 Hoppin Hill Avenue		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joan F Marchitto			Director Name Michael F Marchitto Jr.		
Street Address 503 Hoppin Hill Avenue			Street Address 503 Hoppin Hill Avenue		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
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
			1,000		PAR VALUE
					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 Joan F Marchitto					Date 3/16/2021
Signature of Authorized Representative SIGN DOCUMENT FILED					

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

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