



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAY 27 2021

BY 6455 DS

- 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 <u>000791659</u>		2. Exact name of the Corporation <u>PAWTUCKET Automotive, INC</u>			
3. Principal Office Address <u>262 BROADWAY</u>			City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
4. NAICS Code <u>811121</u>		5. Brief description of the character of business conducted in Rhode Island <u>Auto Body Repairs</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Domenic S. Coccia Jr.</u>			Vice-President Name <u>Domenic S. Coccia Jr.</u>		
Street Address <u>262 BROADWAY</u>			Street Address <u>262 BROADWAY</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
Secretary Name <u>Domenic S. Coccia Jr.</u>			Treasurer Name <u>Domenic S. Coccia Jr.</u>		
Street Address <u>262 BROADWAY</u>			Street Address <u>262 BROADWAY</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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		PAR VALUE
			<u>100</u>		<u>01</u>
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 <u>Domenic S. Coccia Jr</u>				Date <u>2021 MAY 27 10:25 AM</u>	
Signature of Authorized Representative <u>Domenic S. Coccia Jr</u>				R.I. DEPT. OF STATE BUS SVCS DIV RECEIVED	

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