



State of Rhode Island

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.

**FILED**  
**STAMP**  
 JUN 04 2021  
 BY 97205

1. Entity ID Number <b>001673913</b>		2. Exact name of the Corporation <b>ATOM Autowerks Inc</b>			
3. Principal Office Address <b>800 BLACK PLAIN ROAD</b>			City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOTIVE REPAIR</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JUSTIN SENEAL</b>			Vice-President Name <b>NA</b>		
Street Address <b>800 BLACK PLAIN ROAD</b>			Street Address		
City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name <b>NA</b>			Treasurer Name <b>NA</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NA</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<b>0</b>		
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.					
<b>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.</b>					
Name of Authorized Representative <b>JUSTIN SENEAL</b>				Date <b>5/28/2021</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov