



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022

BY 16580

1. Entity ID Number 000068739		2. Exact name of the Corporation A.T.D., Inc.			
3. Principal Office Address 9 Nutmeg Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 812111		6. Brief description of the character of business conducted in Rhode Island Salon for the cutting/styling of men, women and children's hair; treatment of hair, skin, nails and sale of products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Alfred T. DiLibero, Jr.			Vice-President Name Alfred T. DiLibero, Jr.		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred T. DiLibero, Jr.			Treasurer Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Alfred T. DiLibero, Jr.			Director Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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		
			100		
			Common		
			No Par Value		
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 Alfred T. DiLibero, Jr., President				Date 3-1-2022	
Signature of Authorized Representative 					

MAIL TO:  
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