



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

STAMP

APR 10 2023

BY

11573

FOR 3

1. Entity ID Number 000000541		2. Exact name of the Corporation AIRPORT AUTO RADIATOR, INC			
3. Principal Office Address 598 ATWOOD AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIRS AND ALL OTHER LAWFUL BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT RANALDI			Vice-President Name ALBERT RANALDI		
Street Address 598 ATWOOD AVENUE			Street Address 598 ATWOOD AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DEBRA RANALDI			Treasurer Name DEBRA RANALDI		
Street Address 598 ATWOOD AVENUE			Street Address 598 ATWOOD AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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		
			CLASS/STRIKES		
			PAR VALUE		
			100		
			COMMON		
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 ALBERT RANALDI				Date FEBRUARY 28, 2023	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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