

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FILED
APR 18 2023
 BY 22084

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 53344		2. Exact name of the Corporation Bucci's Auto Inc. DS			
3. Principal Office Address 300 Mendon Road			City Cumberland	State R.I.	Zip 02864
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Automotive Body Repairs, Painting Retail And Wholesale Parts			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter K. Landers			Vice-President Name Sarah J. Landers		
Street Address 106 Log Road			Street Address 106 Log Road		
City Harrisville	State R.I.	Zip 02830	City Harrisville	State R.I.	Zip 02830
Secretary Name Peter K. Landers			Treasurer Name Peter K. Landers 11		
Street Address 106 Log Road			Street Address 331 Minerva Avenue		
City Harrisville	State R.I.	Zip 02830	City Cumberland	State R.I.	Zip 02864
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	common	none
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 Sarah J. Landers				Date 4-11-23	
Signature of Authorized Representative <i>Sarah J. Landers</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615