



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
Corporation

MAY 08 2023
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- 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 00002858		2. Exact name of the Corporation Bristol Auto Salvage, Inc.	
3. Principal Office Address 48 Broad Common Rd Bristol RI 02809			
4. NAICS Code 811111		5. Brief description of the character of business conducted in Rhode Island Scrap Metal Salvage Purchase & Sale of Bulk Metal (all forms of business)	
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 Salvato Stanzione		Vice-President Name Michael Stanzione	
Street Address 10 Greenway Drive		Street Address 7 Thompson St.	
City Bristol RI 02809		City Warren RI 02840	
Secretary Name Lorraine Stanzione		Treasurer Name Lorraine Stanzione	
Street Address 12 Greenway Drive		Street Address 10 Greenway Drive	
City Bristol RI 02809		City Bristol RI 02809	
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized			
This information is correctly 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 600		CLASS/PERCENTAGE A	
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 Lorraine Stanzione			Date 5/1/23
Signature of Authorized Representative LORRAINE STANZIONE			

MAIL TO:
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