



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

JUN 02 2023

BY

1. Entity ID Number 148664		2. Exact name of the Corporation A.D.W., INC.												
3. Principal Office Address 58 GREAT ROAD			City NORTH SMITHFIELD	State RI	Zip 02896									
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION AND WAREHOUSE												
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 DENISE GARLICK			Vice-President Name TIMOTHY GARLICK											
Street Address 47 MAYFLOWER DRIVE			Street Address 47 MAYFLOWER DRIVE											
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771									
Secretary Name SAME			Treasurer Name SAME											
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 DENISE GARLICK			Director Name											
Street Address 47 MAYFLOWER DRIVE			Street Address											
City SEEKONK	State MA	Zip 02771	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NPV			
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100	COMMON	NPV												
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 DENISE GARLICK				Date 05/22/2023										
Signature of Authorized Representative <i>Denise Garlick</i>														

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