



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 AUG 17 A 9:45

1. Entity ID Number <u>000051358</u>		2. Exact name of the Corporation <u>Apollonio's Automotive Service, Inc.</u>	
3. Principal Office Address <u>22 West View Drive</u>		City <u>Coventry</u>	State <u>RI</u>
4. NAICS Code <u>811111</u>		6. Brief description of the character of business conducted in Rhode Island <u>automotive repair</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Giuseppe Apollonio</u>		Vice-President Name <u>Giuseppe Apollonio</u>	
Street Address <u>22 West View Drive</u>		Street Address <u>22 West View Drive</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
Secretary Name <u>Luciana Apollonio</u>		Treasurer Name <u>Luciana Apollonio</u>	
Street Address <u>22 West View Drive</u>		Street Address <u>22 West View Drive</u>	
City <u>Coventry</u>	State <u>RI</u>	City <u>Coventry</u>	State <u>RI</u>
Zip <u>02816</u>		Zip <u>02816</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <u>NONE</u>		10. Shares Issued <u>NONE</u> <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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		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 <u>Giuseppe Apollonio</u>		Date <u>8/16/2023</u>	
Signature of Authorized Representative <u>Giuseppe Apollonio</u>		FILED	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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