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State of Rhode Island

Department of State - Business Services Division

FILED

JAN 23 2024

Annual Report for the year: 2024

Corporation

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

BY 3091

DS

1. Entity ID Number <b>000154950</b>		2. Exact name of the Corporation <b>AUTOMOTIVE PERSONNEL AGENCY OF RHODE ISLAND</b>												
3. Principal Office Address <b>1650 DOUGLAS AVE APT 4112</b>			City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>									
4. NAICS Code <b>52410 524210</b>		6. Brief description of the character of business conducted in Rhode Island <b>MEDICARE INSURANCE AGENCY</b>												
5. State of Incorporation <b>RI 3/27/2006</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>MATHEW FERRUCCI</b>			Vice-President Name											
Street Address <b>1650 DOUGLAS AVE APT 4112</b>			Street Address											
City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip									
Secretary Name			Treasurer Name											
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 <b>MATHEW FERRUCCI</b>			Director Name											
Street Address <b>1650 DOUGLAS AVE APT 4112</b>			Street Address											
City <b>NO PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <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.  Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> <tr> <td><b>5000</b></td> <td></td> <td><b>\$1000.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>5000</b>		<b>\$1000.00</b>			
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<b>5000</b>		<b>\$1000.00</b>												
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 <b>MATHEW FERRUCCI</b>				Date <b>1/19/2024</b>										
Signature of Authorized Representative 														

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov