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BY 3851

State of Rhode Island

Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation
000051174	AUTOWIZARD INC.

3. Principal Office Address	City	State	Zip
19E LARK INDUSTRIAL PKY	GREENVILLE	RI	02828

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811198	AUTO SALES AND SERVICE
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: STEVEN R. DORAZIO			Vice-President Name: STEVEN A. DORAZIO		
Street Address: 18 OAKDALE ST			Street Address: 775 WOONSOCKET HILL RD		
City: SMITHFIELD	State: RI	Zip: 02917	City: N. SMITHFIELD	State: RI	Zip: 02896
Secretary Name: STEVEN A. DORAZIO			Treasurer Name: STEVEN R. DORAZIO		
Street Address: 775 WOONSOCKET HILL RD			Street Address: 18 OAKDALE ST		
City: N.SMITHFIELD	State: RI	Zip: 02896	City: SMITHFIELD	State: RI	Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0		

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	Date
STEVEN R. DORAZIO	2/16/24

Signature of Authorized Representative: Steven R. Dorazio

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