



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.

FILED
STAMP
 MAR 27 2024
 BY 11158 DS FOR

1. Entity ID Number 000000541		2. Exact name of the Corporation AIRPORT AUTO RADIATOR, INC			
3. Principal Office Address 598 ATWOOD AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIRS AND ALL OTHER LAWFUL BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALBERT RANALDI		Vice-President Name ALBERT RANALDI			
Street Address 598 ATWOOD AVENUE		Street Address 598 ATWOOD AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name DEBRA RANALDI		Treasurer Name DEBRA RANALDI			
Street Address 598 ATWOOD AVENUE		Street Address 598 ATWOOD AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON		
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 ALBERT RANALDI				Date FEBRUARY 27, 2023	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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