



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

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.

MAY 03 2024
BY 16747

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 130636		2. Exact name of the Corporation Atlas Vending, Inc.			
3. Principal Office Address 1106 North Main Street			City Providence	State RI	Zip 02904
4. NAICS Code 454210		6. Brief description of the character of business conducted in Rhode Island To provide services for the sale, leasing and operation of coin vending machines			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric Parrillo			Vice-President Name Eric Parrillo		
Street Address 1961 Cranston Street			Street Address 1961 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Eric Parrillo			Treasurer Name Eric Parrillo		
Street Address 1961 Cranston Street			Street Address 1961 Cranston Street		
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 Eric Parrillo			Director Name		
Street Address 1961 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	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		PAR VALUE
			200 Shares	Common	No Par
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 Eric Parrillo					Date 4/24/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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