



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

MAY 23 2024

BY 1312

DS

1. Entity ID Number 000753553		2. Exact name of the Corporation A T Appliance Repair, Inc.			
3. Principal Office Address 21 Maywood Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 811490		6. Brief description of the character of business conducted in Rhode Island Appliance repair and maintenance services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Annette Geremia			Vice-President Name Annette Geremia		
Street Address 21 Maywood Avenue			Street Address 21 Maywood Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Annette Geremia			Treasurer Name Annette Geremia		
Street Address 21 Maywood Avenue			Street Address 21 Maywood Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	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 Annette Geremia					Date 5/20/24
Signature of Authorized Representative <i>Annette Geremia President</i>					

MAIL TO:

Division of Business Services

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