



State of Rhode Island  
Department of State - Business Services Division

FILED

MAY 23 2024

BY 1372

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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 <b>000753553</b>		2. Exact name of the Corporation <b>A T Appliance Repair, Inc.</b>			
3. Principal Office Address <b>21 Maywood Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>811490</b>		6. Brief description of the character of business conducted in Rhode Island <b>Appliance repair and maintenance services</b>			
5. State of Incorporation <b>RI</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>Annette Geremia</b>			Vice-President Name <b>Annette Geremia</b>		
Street Address <b>21 Maywood Avenue</b>			Street Address <b>21 Maywood Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>Annette Geremia</b>			Treasurer Name <b>Annette Geremia</b>		
Street Address <b>21 Maywood Avenue</b>			Street Address <b>21 Maywood Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
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>None</b>			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 <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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par</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.					
<b>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.</b>					
Name of Authorized Representative <b>Annette Geremia</b>					Date <b>5/20/24</b>
Signature of Authorized Representative <b>President</b>					

MAIL TO:  
Division of Business Services  
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