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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 000553431		2. Exact name of the Corporation Atsalis Brothers Painting Co.			
3. Principal Office Address 24595 Groesbeck Highway			City Warren	State MI	Zip 48089
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Bridge Painting			
5. State of Incorporation Michigan					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tony Atsalakis			Vice-President Name Nicholas Atsalakis		
Street Address 812 Balfour			Street Address 705 Berkshire		
City Grosse Pointe Park	State MI	Zip 48230	City Grosse Pointe Park	State MI	Zip 48230
Secretary Name George Atsalakis			Treasurer Name George Atsalakis		
Street Address 6297 Wagon Drive			Street Address 6297 Wagon Drive		
City Brighton	State MI	Zip 48116	City Brighton	State MI	Zip 48116
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		PAR VALUE
			2560		\$1.00
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. <i>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.</i>					
Name of Authorized Representative Tony Atsalakis					Date 9/24/24
Signature of Authorized Representative					

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

FILED

OCT 18 2024
BY QSEFGX
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