



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

FOR
SECRETARY OF
STATE

REC'D RI SOS
JAN 6 2025
10:41:43

1. Entity ID Number <u>000053344</u>		2. Exact name of the Corporation <u>Bucci's auto, Inc.</u>	
3. Principal Office Address <u>300 Mendon Road</u>		City <u>Chamberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
4. NAICS Code <u>81121</u>	6. Brief description of the character of business conducted in Rhode Island <u>automotive body repairs, painting, retail</u> <u>wholesale parts title 7-1.1-51</u>		
5. State of Incorporation <u>RT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Peter K. Landers</u>		Vice-President Name <u>Kathleen Szpila</u>	
Street Address <u>72 Jewett Street</u>		Street Address <u>72 Jewett Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02906</u>	
Secretary Name		Treasurer Name <u>Peter J. Landers</u>	
Street Address		Street Address <u>106 Log Road</u>	
City	State	City <u>Harrisville</u>	State <u>RI</u>
Zip		Zip <u>02830</u>	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>400</u>	
		<u>\$ 0.00</u>	
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 <u>Kathleen Szpila</u>			Date <u>1/6/25</u>
Signature of Authorized Representative <u>Kathy Szpila</u>			

FILED

JAN 6 2025

BY 17ACg

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov