



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025 AMENDED

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|--|--------------------|--|---|---------------------------|---------------------|
| 1. Entity ID Number 000053344 | | 2. Exact name of the Corporation BUCCI'S AUTO, INC. | | | |
| 3. Principal Office Address 300 MENDON ROAD | | | City CUMBERLAND | State RI | Zip 02864 |
| 4. NAICS Code 81121 | | 6. Brief description of the character of business conducted in Rhode Island Automotive body repairs, painting, retail wholesale parts. | | | |
| 5. State of Incorporation RI | | Title 7-1.1-51 | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Peter K. Landers II | | | Vice-President Name Kathleen Szpila | | |
| Street Address 72 Jewett Street | | | Street Address 72 Jewett Street | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| Secretary Name | | | Treasurer Name Peter J. Landers | | |
| Street Address | | | Street Address 106 Log Road | | |
| City | State | Zip | City Harrisville | State RI | Zip 02830 |
| 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 |
| | | | 400 | \$0.00 | |
| 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. 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 Kathleen Szpila | | | | Date 01/08/2025 | |
| 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 11:58

JAN 08 2025

FORM 630- Revised 12/2023

BY _____



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 08, 2025 11:58 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

