



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.

FIELD

FEB 18 2025

BY 117350

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 000000541		2. Exact name of the Corporation AIRPORT AUTO RADIATOR, INC	
3. Principal Office Address 598 ATWOOD AVENUE		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island AUTOMOTIVE REPAIRS AND ALL OTHER LAWFUL BUSINESS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name ALBERT RANALDI		Vice-President Name ALBERT RANALDI	
Street Address 598 ATWOOD AVENUE		Street Address 598 ATWOOD AVENUE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name DEBRA RANALDI		Treasurer Name DEBRA RANALDI	
Street Address 598 ATWOOD AVENUE		Street Address 598 ATWOOD AVENUE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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 <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	
		100	COMMON
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 ALBERT RANALDI			Date FEBRUARY 11, 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](http://www.sos.ri.gov)