RI SOS Filing No	umber: 20256	6276710 E	Date: 3/4/	2025 10: <u>2</u> 4:00 AM		.025	<u></u>	
RI SOS Filing Number: 202566276710 Date: 3/4/2025 10:24:00 AM State of Rhode Island Department of State - Business Services Division								
Annual Report for the year: 2024								
Corporation Filing period: February 1 - May 1								
→ 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	2. Exact name of the Corporation							
001685268	AAA Automotive Service Corp							
3. Principal Office Address				City State Zip				
55 Westfield Drive			E. Gre	enwich	RI		02818	
4. NAICS Code	6. Brief description	on of the characte	r of busines	s conducted in Rhode Isl	and			
484121	General freight trucking, Long Distance, Truckload							
5. State of Incorporation	<u> </u>							
RI				•				
7. List ALL officers (names and add	resses)			Check the box	to indi	cate an atta	chment 🗆	
President Name Anthony Catalano				Vice-President Name				
Street Address 55 Westfield Drive			Street Address					
^{Crty} E. Greenwich	State RI	^{Zip} 02818	City		State		Zip	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachm						chment 🔲		
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 Issue		Check the bo	x to ind			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES 0.0406		Ĭ	PAR VALUE	
		1000	STK		0.0100			
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 co Name of Authorized Representative				Date				
Anthony Catalano				2/28/25				
Signature of Authorized Representative FILED								
MAR 0 1 2025								

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 630- Revised 12/2023