



**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.

FILED
MAR 07 2025
BY 17727 *a*

1. Entity ID Number 000068739		2. Exact name of the Corporation A.T.D., Inc.			
3. Principal Office Address 9 Nutmeg Drive			City Johnston	State RI	Zip 02919
4. NAICS Code 812111		6. Brief description of the character of business conducted in Rhode Island Salon for the cutting/styling of men, women and children's hair; treatment of hair, skin, nails and sale of products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfred T. DiLibero, Jr.			Vice-President Name Alfred T. DiLibero, Jr.		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Alfred T. DiLibero, Jr.			Treasurer Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfred T. DiLibero, Jr.			Director Name Lynn M. DiLibero		
Street Address 9 Nutmeg Drive			Street Address 9 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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"/>			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
This information is currently of record in the Department of State. Changes require an additional filing.			100	Common	No Par Value
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 Alfred T. DiLibero, Jr., President					Date 2-12-25
Signature of Authorized Representative <i>Alfred T. DiLibero Jr.</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov