



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 24 2025

BY 4027

1. Entity ID Number <u>000059174</u>		2. Exact name of the Corporation AUTOWIZARD INC.	
3. Principal Office Address 19E LARK INDUSTRIAL PKY		City GREENVILLE	State RI
		Zip 02828	
4. NAICS Code 811198	6. Brief description of the character of business conducted in Rhode Island AUTO SALES AND SERVICE		
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 STEVEN R. DORAZIO		Vice-President Name STEVEN A. DORAZIO	
Street Address 18 OAKDALE ST		Street Address 775 WOONSOCKET HILL RD	
City SMITHFIELD	State RI	City N. SMITHFIELD	State RI
Zip 02917		Zip 02896	
Secretary Name STEVEN A. DORAZIO		Treasurer Name STEVEN R. DORAZIO	
Street Address 775 WOONSOCKET HILL RD		Street Address 18 OAKDALE ST	
City N.SMITHFIELD	State RI	City SMITHFIELD	State RI
Zip 02896		Zip 02917	
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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1000	STK
			\$0
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 STEVEN R. DORAZIO		Date 3/20/25	
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