



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

APR 02 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.

BY 7098

1. Entity ID Number 148664		2. Exact name of the Corporation A.D.W., INC.	
3. Principal Office Address 58 GREAT ROAD		City NORTH SMITHFIELD	State RI
		Zip 02896	
4. NAICS Code 236220	6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION AND WAREHOUSE		
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 DENISE GARLICK		Vice-President Name TIMOTHY GARLICK	
Street Address 47 MAYFLOWER DRIVE		Street Address 47 MAYFLOWER DRIVE	
City SEEKONK	State MA	City SEEKONK	State MA
Zip 02771		Zip 02771	
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DENISE GARLICK		Director Name	
Street Address 47 MAYFLOWER DRIVE		Street Address	
City SEEKONK	State MA	City	State
Zip 02771		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/SL RIFS	
		PAR VALUE	
100		COMMON	
		NPV	
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 DENISE GARLICK		Date 01/13/2025	
Signature of Authorized Representative 			