



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>4214</b>		2. Name of Corporation <b>Citizen's Auto Body, Inc.</b>			
3. Street Address Principal Business Office <b>28 Oakdale Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-0000</b>
4. Business Phone No.		5. State of Incorporation <b>RI</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>general and specialized auto repairs</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Christine Hall</b>			Vice President Name <b>Michael Russo</b>		
Street Address <b>66 Maria Avenue</b>			Street Address <b>27 Oakdale Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919-</b>
Secretary Name <b>Christine Hall</b>			Treasurer Name <b>Christine Hall</b>		
Street Address <b>66 Maria Avenue</b>			Street Address <b>66 Maria Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02919-</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Christine Hall</b>			Director Name <b>none</b>		
Street Address <b>66 Maria Avenue</b>			Street Address <b>none</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02919-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares <b>100</b>	Class Series <b>Common</b>	Par Value <b>No Par</b>	

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.

File Date 2-5-2010  
Check No. 1256  
By: MMC

FOR SECRETARY OF STATE USE ONLY

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.

Signature Christine Hall Date 01/04/2010  
Print or Type Name  
**Christine Hall**  
President  
Title