



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>13482</b>		2. Exact name of the Corporation <b>SPRING GREEN AUTO BODY, INC.</b>			
3. Principal office address <b>1665 ELMWOOD AVENUE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>401-785-0099</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>ANY LAWFUL BUSINESS AND GENERAL AUTO BODY AND REPAIRS</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>MARGARET PISTOCCO</b>			Vice-President Name <b>MARGARET PISTOCCO</b>		
Street Address <b>45 BROADVIEW AVENUE</b>			Street Address <b>45 BROADVIEW AVENUE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>CHARLES PISTOCCO, III</b>			Treasurer Name <b>CHRISTIAN PISTOCCO</b>		
Street Address <b>45 BROADVIEW AVENUE</b>			Street Address <b>45 BROADVIEW AVENUE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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.

**FILED**

File Date FEB 22 2012  
 Check No 3089  
 BY [Signature]  
 By: \_\_\_\_\_

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.

x [Signature] 2/16/12  
 Signature of Authorized Representative Date

**MARGARET PISTOCCO**

Print or Type Name of Authorized Representative

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