

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. <u>1129</u>		2. Exact name of the Corporation <u>Antonio Auto Body & Sales Inc.</u>		
3. Principal office address <u>650 Charles St.</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No. <u>401-421-2550</u>		5. State of Incorporation <u>RI</u>		

6. Brief description of the character of business conducted in Rhode Island
Automobile Repair & Sales

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name <u>Anthony DeSimone</u>			Vice-President Name <u>Gerald Androsca</u>		
Street Address <u>38 Esther Dr.</u>			Street Address <u>26 Rosewood Dr.</u>		
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>No Prov</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>Anthony DeSimone</u>			Treasurer Name <u>Gerald Androsca</u>		
Street Address <u>38 Esther Dr.</u>			Street Address <u>26 Rosewood Dr.</u>		
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02911</u>	City <u>No Prov</u>	State <u>RI</u>	Zip <u>02904</u>

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name <u>Gerald Androsca</u>			Director Name		
Street Address <u>26 Rosewood Dr.</u>			Street Address		
City <u>No Prov</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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
<u>600</u>		<u>No Par</u>

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 MAR 22 2013
Check No _____
By: MNC

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 of Authorized Representative Gerald Androsca Date 3/21/13
Print or Type Name of Authorized Representative Treasurer

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