

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 2014

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(cod)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 136656	2. Name of Corporation Ideal Auto Body, Inc.					
3. Street Address Principal Business Office 1398 Park Avenue			City Cranston	State RI	<i>Zip</i> 02910	
4. Business Phone No. 5. State of Incorporation (401) 265-0011 Rhode Island						
6. Brief Description of the Character of MOTOR VEHICLE MECHA	of Business Conducted in Ri NICS, AUTO BODY	bode Island REPAIR AND RECON	DITIONING, AND THE SALE	OF MOTOR VEHICLE	<u></u>	
7. NAMES AND ADDRESSES						
President Name			Vice President Name			
Daniel S. Davey			NONE			
Street Address 3 Mt. Hygeia Road			Street Address			
City Foster	State RI	<i>г.</i> 02825	City	State	Zip	
Secretary Name Daniel S. Davey			Treasurer Name Daniel S. Davey			
Street Address 3 Mt. Hygeia Road			Street Address 3 Mt. Hygeia Road			
City	State	Zip	City	State	Zip	
Foster	RI	02825	Foster	RI	02825	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA Director Name Daniel S. Davey			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE			
3 Mt. Hygeia Road			Street Address			
City	State	Zip	City	State		
Foster	RI	02825	,		一	
Director Name	************************	**********************	Director Name		'''''	
NONE			NONE NONE			
Street Address			Street Address		- 001	
City	State	Zip	City	State	.SI/ ₩.S.DI	
9. SHARES AUTHORIZED (*	' 'X" BOX FOR ATTAC	I HMENT) []	: 10. SHARES ISSUED <i>("X"</i>	 BOX FOR ATTACHME	van EE	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE			100	Common	NO PAR VALUE	
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorized ration by the receiver o	l representative. If the corpora	ation is in the hands of a	receiver or trustee,	

	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	FEB 27 2014 119-218569	contained berein are true and correct. Signature Contained berein are true and correct. Date
By: By: FOR SECRETARY OF STATE USE ONLY	A.A.	Daniel S. Davey Print or Type Name President Title