



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 2014

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. 6699		2. Exact name of the Corporation FOGARTY AUTO BODY, INC.			
3. Principal office address 2258 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 401-438-5290		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR, CONSTRUCTION AND RECONSTRUCTION OF VEHICLES					
President Name JOSEPH E. FOGARTY			Vice-President Name NONE		
Street Address 2258 PAWTUCKET AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name JOSEPH E. FOGARTY			Treasurer Name JOSEPH E. FOGARTY		
Street Address 2258 PAWTUCKET AVENUE			Street Address 2258 PAWTUCKET AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name JOSEPH E. FOGARTY			Director Name		
Street Address 2258 PAWTUCKET AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 100	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE

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

FILED

11:29 AM

Check No.

MAR 05 2014

By:

219121

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 of Authorized Representative

JOSEPH E. FOGARTY

Date

2/24/14

Print or Type Name of Authorized Representative

KM