



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. 000503845		2. Exact name of the Corporation PERFORMANCE PAINT & BODY, INC			
3. Principal office address 1761 PLAINFIELD PIKE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 4013830312		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island AUTO BODY SHOP					
President Name AGUSTIN ALICEA			Vice-President Name NONE		
Street Address 11 IPSWICH ST.			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN A BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name None			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED			SHARES ISSUED (A 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
			1500	50K/100145	1.00/SHARE

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

JUN 10 2014

BY 3453

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.

Agustin Alicea Pres 5.30.14
Signature of Authorized Representative Date

AGUSTIN ALICEA, Pres
Print or Type Name of Authorized Representative

