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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 2015

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.	2. Exact name of the Corporation
979897	DIBS, INC.

3. Principal office address	City	State	Zip
987 Willett Avenue	Riverside	RI	02915

4. Business Phone No.	5. State of Incorporation
(401) 433-1579	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Automotive Repair

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

President Name	Street Address	City	State	Zip
Jad Dib	12 Josal Drive	Barrington	RI	02806

Vice-President Name	Street Address	City	State	Zip
Najib Dib	9 Carolina Avenue	Riverside	RI	02915

Secretary Name	Street Address	City	State	Zip
Cassandra K. Dib	1096 Bullocks Point Avenue	Riverside	RI	02915

Treasurer Name	Street Address	City	State	Zip
Elias F. Dib	1096 Bullocks Point Avenue	Riverside	RI	02915

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIV.

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 15 2015
By 246403

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 — Date: 1/15/15

Jad Dib - President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

115749-1-250784

A. A.