BIG 02/20/2015 8:45 AM

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.	2. Exact name of the Corporation
000071777	Bigelow Auto Body, Inc.

3. Principal office address	City	State	Zip
2244 Pawtucket Avenue	East Providence	RI	02914

4. Business Phone No.	5. State of Incorporation
401-438-1994	RI

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

Auto Repair

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

President Name	Street Address	City	State	Zip
Dennis Bigelow	58 Starr Lane	Rehoboth	MA	02769

Vice-President Name	Street Address	City	State	Zip
Dennis Bigelow	58 Starr Lane	Rehoboth	MA	02769

Secretary Name	Street Address	City	State	Zip
Dennis Bigelow	58 Starr Lane	Rehoboth	MA	02769

Treasurer Name	Street Address	City	State	Zip
Dennis Bigelow	58 Starr Lane	Rehoboth	MA	02769

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

Director Name	Street Address	City	State	Zip
Dennis Bigelow	58 Starr Lane	Rehoboth	MA	02769

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	CNP	0

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
MAR 05 2015
93608

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.

✓ _____ 1.3.15
Signature of Authorized Representative — Date

Dennis Bigelow
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012