

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. 000071777		2. Exact name of the Corporation Bigelow Auto Body, Inc.			
3. Principal office address 2244 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-1994			5. State of Incorporation 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 Dennis Bigelow			Vice-President Name Dennis Bigelow		
Street Address 58 Starr Lane			Street Address 58 Starr Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Dennis Bigelow			Treasurer Name Dennis Bigelow		
Street Address 58 Starr Lane			Street Address 58 Starr Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Dennis Bigelow			Director Name		
Street Address 58 Starr Lane			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 1000		CLASS/SERIES CNP		PAR VALUE 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: _____

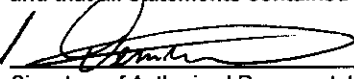
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


 Signature of Authorized Representative

1-3-2-15
 Date

Dennis Bigelow

Print or Type Name of Authorized Representative