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BERNIERS AUTO BODY

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Apr 01 2015 2:24PM CHRIS LEFOLEY CPA

401-732-6429

P.2



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. 107930		2. Exact name of the Corporation CREW AUTO BODY INC			
3. Principal office address 620 POND STREET		City WOONSOCKET	State RI	Zip 02895	
4. Business Phone No. 401-762-5252		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR					
7. LIST ALL OFFICERS, MANAGERS AND DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT) ☐					
President Name KEVIN PATRAS		Vice-President Name SUSAN PATRAS			
Street Address 154 PHILLIPS HILL ROAD		Street Address 154 PHILLIPS HILL ROAD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name KEVIN PATRAS		Treasurer Name SUSAN PATRAS			
Street Address 154 PHILLIPS HILL ROAD		Street Address 154 PHILLIPS HILL ROAD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. LIST ALL DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT) ☐					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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.		NUMBER OF SHARES 300	CLASS/STREET COMMON	PAR VALUE NONE	

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.

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

KEVIN PATRAS

Print or Type Name of Authorized Representative

4/2/15
Date

FILED

APR 06 2015

By 246321

A.A. 12:04 p.m.

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SECRETARY OF STATE
CORPORATIONS DIV
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