



**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

**2016**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>1310</b>		2. Exact name of the Corporation <b>ARLINGTON AUTO BODY, INC.</b>			
3. Principal office address <b>1211 Cranston Street</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. <b>(401) 944-6100</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>OPERATION OF AUTOMOBILE REPAIR SHOP.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name <b>Angelo Moretti</b>			Vice-President Name <b>Maria Moretti</b>		
Street Address <b>37 Nottingham Drive</b>			Street Address <b>37 Nottingham Drive</b>		
City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
Secretary Name <b>Mario Moretti</b>			Treasurer Name <b>Angelo Moretti</b>		
Street Address <b>10 High Meadow Court</b>			Street Address <b>37 Nottingham Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			10. SHARES ISSUED ("X" 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
			600	COMMON	NO PAR VALUE

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 06 2016**

**KL 3105**

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.

*Angelo Moretti* January 4, 2016  
Signature of Authorized Representative Date  
**ANGELO MORETTI**

Print or Type Name of Authorized Representative