



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

Form No. 630
Revised: 01/2012

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