



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 **2016**

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. 22225		2. Exact name of the Corporation ROSSI AUTO BODY, INC.		
3. Principal office address 5 Humbert Street		City North Providence	State RI	Zip 02911
4. Business Phone No. (401) 231-9725		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island To carry on & conduct a general auto body repair and motor vehicle repair business				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name ROBERT ROSSI		Vice-President Name ROBERT ROSSI		
Street Address 5 Humbert Street		Street Address 5 Humbert Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI
Secretary Name ROBERT ROSSI		Treasurer Name ROBERT ROSSI		
Street Address 5 Humbert Street		Street Address 5 Humbert Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
100		COMMON		NO PAR

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____

FILED
 FEB 01 2016

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: Robert Rossi Date: 1-25-16

FOR SECRETARY OF STATE USE ONLY

Robert Rossi
 Print or Type Name of Authorized Representative

By: A.A.