



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
4. Business Phone No. (401) 231-9725		Zip 02911	
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	City North Providence	Zip 02911
Secretary Name ROBERT ROSSI		Treasurer Name ROBERT ROSSI	
Street Address 5 Humbert Street		Street Address 5 Humbert Street	
City North Providence	State RI	City North Providence	Zip 02911
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	City	Zip
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	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 100		CLASS/SERIES COMMON	PAR VALUE NO PAR

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

FEB 01 2016

By: AldeSSA

A.A.

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

Robert Rossi

Print or Type Name of Authorized Representative