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**State of Rhode Island and Providence Plantations**
**Department of State - Business Services Division**
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
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 102484 | CENTRAL Auto Body Inc. | | |
| **3. Principal Office Address** | **City** | **State** | **Zip** |
| 1089 Westminster St. | Providence | RI | 02909 |
| **4. Business Phone Number** | **5. State of Incorporation** | | |
| 401- 272- 9190 | RI | | |

**6. Brief description of the character of business conducted in Rhode Island**
Auto Body

**7. List ALL officers (names and addresses)** Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| GARY R. BADESSA | |
| Street Address: 49 Cottage St. | Street Address |
| City: Cranston State: RI Zip: 02910 | City State Zip |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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CORPORATIONS DIV

**8. List ALL directors (names and addresses)** Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| Street Address | Street Address |
| City State Zip | City State Zip |

| 9. Shares Authorized | 10. Shares Issued Check box to indicate an attachment ☐ | | |
|---|---|---|---|
| | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **This information is currently of record in the Department of State. Changes require an additional filing.** | 100 | | $ 1.00 |
| | | | |

**11. 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.***

Name of Authorized Representative: GARY BADESSA — Date: 4/7/16

Signature of Authorized Representative: SIGN DOCUMENT HERE

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BY 271839

Form No. 630
Revised: 2016
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