



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>1129</u>		2. Exact name of the Corporation <u>Antonio Auto Body & Sales Inc.</u>	
3. Principal Office Address <u>650 Charles St.</u>		City <u>Providence</u>	State <u>R.I.</u>
4. NAICS Code <u>81</u>		6. Brief description of the character of business conducted in Rhode Island <u>Automobiles Sales + Repairs -</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Anthony DeSimone</u>		Vice-President Name <u>Gerald Androska</u>	
Street Address <u>38 Esther Dr.</u>		Street Address <u>26 Rosewood Dr.</u>	
City <u>No Prov</u>	State <u>R.I.</u>	City <u>No Prov</u>	State <u>R.I.</u>
Zip <u>02911</u>		Zip <u>02904</u>	
Secretary Name <u>Anthony DeSimone</u>		Treasurer Name <u>Gerald Androska</u>	
Street Address <u>38 Esther Dr.</u>		Street Address <u>26 Rosewood Dr.</u>	
City <u>No Prov</u>	State <u>R.I.</u>	City <u>No Prov</u>	State <u>R.I.</u>
Zip <u>02911</u>		Zip <u>02904</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Gerald Androska</u>		Director Name	
Street Address <u>26 Rosewood Dr.</u>		Street Address	
City <u>No Prov</u>	State <u>R.I.</u>	City	State
Zip <u>02904</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES <u>600</u>	CLASS/SERIES <u>No Par Value</u>
		PAR VALUE	
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 <u>Gerald Androska</u>		Date <u>1-3-2017</u>	
Signature of Authorized Representative <i>[Signature]</i>			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 06 2017
 By 21578
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