RI SOS Filing Number: 201729736160 Date: 01/09/2017 4:00 PM

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	2. Exact name of the Corporation			
10874	Shermans auto body inc			
3. Principal Office Address		City	State	Zip
po box 204		Shannock	ri	02875
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
44-45 - Retail Trade	AUTO BODY REPAIR			
5. State of Incorporation				
ri				

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

President Name			Vice-President Name		
EZWOOD D SHERMAN SR			EZWOOD D SHERMAN VP		
Street Address			Street Address		
PO BOX 204			1065 SHANNOCK RD		
City	State	Zip	City	State	Zip
SHANNOCK	RI	02875	CHARLESTOWN	RI	02813
Secretary Name			Treasurer Name		
MARSHA ROONEY			EZWOOD D SHERMAN VP		
Street Address			Street Address		
1065 SHANNOCK RD			1065 SHANNOCK RD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813

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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	2000	2	NO 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	Date
	1/5/17
Signature of Authorized Representative	

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

FILED
JAN 09 2017
BY 169355 DS

FORM 630 - Revised: 10/2016

147397-14-1150716