



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

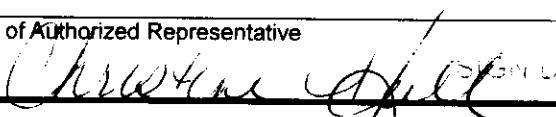
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 23 2017

BY

1523

1. Entity ID Number 4214		2. Exact name of the Corporation Citizen's Auto Body, Inc.			
3. Principal Office Address 28 Oakdale Avenue		City Johnston		State RI	Zip 02919-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island general and specialized auto repairs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christine Hall			Vice-President Name Michael Russo		
Street Address 66 Maria Avenue			Street Address 27 Oakdale Road		
City Providence	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Secretary Name Christine Hall			Treasurer Name Christine Hall		
Street Address 66 Maria Avenue			Street Address 66 Maria Avenue		
City Providence	State RI	Zip 02919-	City Providence	State RI	Zip 02919-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Hall			Director Name none		
Street Address 66 Maria Avenue			Street Address none		
City Providence	State RI	Zip 02919-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common No Par		
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 Christine Hall President				Date 1/02/2017	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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