



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.

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 R.I. DEPARTMENT OF STATE
 BUSINESS DIV.

2017 FEB -8 PM 3:49

1. Entity ID Number 919891		2. Exact name of the Corporation DIBS, INC.			
3. Principal Office Address 987 Willett Avenue		City Riverside	State RI	Zip 02915	
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island Automotive Repair				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jad Dib			Vice-President Name Najib Dib		
Street Address 12 Josal Drive			Street Address 9 Carolina Avenue		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
Secretary Name Cassandra K. Dib			Treasurer Name Elias F. Dib		
Street Address 1096 Bullocks Point Avenue			Street Address 1096 Bullocks Point Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
			PAR VALUE		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. <i>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.</i>					
Name of Authorized Representative Jad Dib				Date 2/7/17	
Signature of Authorized Representative 				FILED FEB 08 2017 BY 3131 	

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