



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.

RECEIVED
 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 |

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

BY 3/31