

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2017

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

71777	2. Exact na	ame of the Corporation OW AUTO BODY					
3. Principal office address 2244 Pawtucket Ave	nue		City East Providence	e State	Zip 02914		
4. Business Phone No. 401-438-1994			5. State of Incorporation Rhode Island				
6. Brief description of the character body repair.	aracter of busines	s conducted in Rhode Islan	nd				
President Name Dennis J. Bigelow			Vice-President Name				
			Street Address				
City East Providence	State RI	Zip 02914	City	State	Zip		
Secretary Name Dennis J. Bigelow			Treasurer Name Dennis J. Bigelow				
Street Address 2244 Pawtucket Avei	nue		Street Address 2244 Pawtucke				
ity East Providence	State RI	Zip 02914	City East Providenc	e State	Zip 02914		
irector Name	and the second s	rangangan anageregy sa neggiagon, ay arangan kaharanan sa arang K. E. di Masarana I. Basada		(4)			
			Director Name				
treet Address			Street Address				
ity	State	Zip	City	State	Zip		
rector Name			Director Name				
reet Address			Street Address				
ty	State	Zip	City	State	Zip		
and the state of t							
is information is currently of record in the Office of the Secretary State. Changes require an additional filing. e Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
		1000	common	no par value			
e Section 9 of Instruction	Sneet,		1				

	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.		
	FEB 1 5 2017		1-25-17
A CONTRACT OF THE PARTY OF THE	11716	Signature of Authorized Representative	Date
FOR PETER AND OF PROTE UP ON ON	11 100,		
	•	Print or Type Name of Authorized Description	

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative