



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 71777		2. Exact name of the Corporation BIGELOW AUTO BODY, INC.		
3. Principal office address 2244 Pawtucket Avenue		City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-1994		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Auto body repair.				
President Name Dennis J. Bigelow		Vice-President Name		
Street Address 2244 Pawtucket Avenue		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 Avenue		Street Address 2244 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI Zip 02914
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
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	common	no par value

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.

Signature of Authorized Representative _____ Date 1-25-17

Dennis J. Bigelow, President
 Print or Type Name of Authorized Representative

FILED
 FEB 15 2017
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