



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.

| | | | | | |
|--|-----------------|---|---|---|---------------------|
| 1. Entity ID Number 22481 | | 2. Exact name of the Corporation LIMA'S AUTOBODY, INC. | | | |
| 3. Principal Office Address 1657 Main Street | | | City West Warwick | State RI | Zip 02893 |
| 4. NAICS Code 81 - Other Services (except Pul | | 6. Brief description of the character of business conducted in Rhode Island Repairing and reconditioning motor vehicles and other technical problems. | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Abel A. Lima | | | Vice-President Name Abel A. Lima | | |
| Street Address 1657 Main Street | | | Street Address 1657 Main Street | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | Zip 02893 |
| Secretary Name Abel A. Lima | | | Treasurer Name Abel A. Lima | | |
| Street Address 1657 Main Street | | | Street Address 1657 Main Street | | |
| City West Warwick | State RI | Zip 02893 | City West Warwick | State RI | Zip 02893 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Abel A. Lima | | | Director Name | | |
| Street Address 1657 Main Street | | | Street Address | | |
| City West Warwick | State RI | Zip 02893 | 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 | PAR VALUE |
| | | 100 | | Common | No Par Value |
| | | | | | |
| 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 Abel A. Lima, President | | | | Date 2/27/2017 | |
| Signature of Authorized Representative <i>Abel Lima</i> | | | | <div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 0;">MAR 02 2017</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">1474</div> | |

MAIL TO:
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