



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.

1. Entity ID Number 24582		2. Exact name of the Corporation JIM'S AUTO SALES AND AUTO BODY WORKS, INC.			
3. Principal Office Address 1153 CENTRAL AVENUE		City PAWTUCKET		State RI	Zip 02861
4. NAICS Code 48-49 - Transportation and War	6. Brief description of the character of business conducted in Rhode Island TOWING & AUTO BODY REPAIR				
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 JAMES F. ROBBINS, JR.			Vice-President Name JACQUELINE M. ROBBINS		
Street Address 1153 CENTRAL AVENUE			Street Address 1153 CENTRAL AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Secretary Name BRIAN ROBBINS			Treasurer Name JAMES F. ROBBINS, JR.		
Street Address 1153 CENTRAL AVENUE			Street Address 1153 CENTRAL AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JAMES F. ROBBINS, JR.			Director Name JACQUELINE M. ROBBINS		
Street Address 1153 CENTRAL AVENUE			Street Address 1153 CENTRAL AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI	Zip 02861
Director Name BRIAN ROBBINS			Director Name		
Street Address 1153 CENTRAL AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			400 COMMON 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. 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.					
Name of Authorized Representative JAMES F. ROBBINS, JR.					Date 5/31/17
Signature of Authorized Representative 					

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

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