



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

- 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 000022225		2. Exact name of the Corporation ROSSI AUTO BODY, INC.			
3. Principal Office Address 5 Humbert Street		City North Providence		State RI	Zip 02911
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island To carry on & conduct a general auto body repair and motor vehicle repair business			
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 ROBERT ROSSI		Vice-President Name ROBERT ROSSI			
Street Address 5 Humbert Street		Street Address 5 Humbert Street			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name ROBERT ROSSI		Treasurer Name ROBERT ROSSI			
Street Address 5 Humbert Street		Street Address 5 Humbert Street			
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name NONE		Director Name NONE			
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	
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 ROBERT ROSSI				Date 12/20/17	
Signature of Authorized Representative 		SIGN DOCUMENT 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

JAN 09 2018

BY 8700