



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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

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FORM 630 - Revised: 10/2017