RI SOS Filing Number: 201857913680 Date: 2/8/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation		
39391	TRI STAR AUTO BODY, INC.		
3. Principal Office Address	City	State	Zip
49 Cove Street	Riverside	RI	02915
4. NAICS Code: 811121	6. Brief description of the character of business conducted in Rhode Island: AUTO BODY REPAIR, SALES, SERVICE AND TOWING.		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ROBERT J. COELHO, JR.			Vice-President Name: ERNEST A. LOISELLE		
Street Address: 42 Nichols Street			Street Address: 49 Cove Street		
City: Rehoboth	State: MA	Zip: 02769	City: Riverside	State: RI	Zip: 02915
Secretary Name: ROBERT J. COELHO, JR.			Treasurer Name: ERNEST A. LOISELLE		
Street Address: 42 Nichols Street			Street Address: 49 Cove Street		
City: Rehoboth	State: MA	Zip: 02769	City: Riverside	State: RI	Zip: 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: ROBERT J. COELHO, JR.			Director Name: ERNEST A. LOISELLE		
Street Address: 42 Nichols Street			Street Address: 49 Cove Street		
City: Rehoboth	State: MA	Zip: 02769	City: Riverside	State: RI	Zip: 02915
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

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	Date
ROBERT J. COELHO, JR.	February 6, 2018

Signature of Authorized Representative: Robert J. C

FILED

FEB 08 2018

BY 3435 QS

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

FORM 630 - Revised: 10/2017