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

FILED
FEB 27 2018
BY 44139

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		
23078	Lindbergh Auto Body, INC		
3. Principal Office Address	City	State	Zip
58 Smithfield Ave.	Pawtucket	RI	02860
4. NAICS Code: 811121	6. Brief description of the character of business conducted in Rhode Island: Autobody repairs + Painting		
5. State of Incorporation: R.I.			

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

President Name	Vice-President Name
Robert C DeSimone	Mark A. DeSimone
Street Address: 92 Governor Hills	Street Address: 10 Laura Circle
City: W. Warwick; State: RI; Zip: 02893	City: Cranston; State: RI; Zip: 02920
Secretary Name: Michelle A. Sitki	Treasurer Name: Michelle A. Sitkè
Street Address: 76 Bessonadi Drive	Street Address: 76 Bessonadi Dr.
City: Johnston; State: RI; Zip: 02919	City: Johnston; State: RI; Zip: 0291

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

Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common / Voting	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
Michelle A Sitki Michelle A Sitkè	2/26/18
Signature of Authorized Representative: Michelle A Sitkè	

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