State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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
33602	LEER'S AUTO BODY, INC.

3. Principal Office Address	City	State	Zip
15 YORK AVE.	PAWTUCKET	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423120	REPAIR OF AUTOMOBILES
5. State of Incorporation	
RHODE ISLAND	

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

President Name			Vice-President Name		
THOMAS PROVOST			THOMAS PROVOST		
Street Address: 96 FORAND LANE			Street Address: 96 FORAND LANE		
City: TIVERTON	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878
Secretary Name: THOMAS PROVOST			Treasurer Name: THOMAS PROVOST		
Street Address: 96 FORAND LANE			Street Address: 96 FORAND LANE		
City: TIVERTON	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878

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

Director Name			Director Name		
THOMAS PROVOST					
Street Address: 96 FORAND LANE			Street Address		
City: TIVERTON	State: RI	Zip: 02878	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
50	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	Date
THOMAS PROVOST	Jan 31, 18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 6981

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