



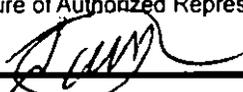
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

RECEIVED
 SECRETARY
 2018 MAR 7
 DIVISION OF STATE

1. Entity ID Number 000979897		2. Exact name of the Corporation DIBS, INC.			
3. Principal Office Address 987 Willett Avenue			City Riverside	State RI	Zip 02915
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automotive Repair			
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 Jad Dib			Vice-President Name Najib Dib		
Street Address 12 Josal Drive			Street Address 9 Carolina Avenue		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
Secretary Name Cassandra K. Dib			Treasurer Name Elias F. Dib		
Street Address 1096 Bullocks Point Avenue			Street Address 1096 Bullocks Point Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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
		1000		Common	.01
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 Jad Dib					Date 3/7/18
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE

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

MAR 07 2018

BY  **3885**