



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 APR 20 PM 2:18

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 136656		2. Exact name of the Corporation Ideal Auto Body, Inc.	
3. Principal Office Address 1398 Park Avenue		City Cranston	State RI
		Zip 02910	
4. NAICS Code 811198	6. Brief description of the character of business conducted in Rhode Island Motor vehicle mechanics, auto body repair and reconditioning and the sale of auto vehicles		
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 Daniel S. Davey		Vice-President Name	
Street Address 3 Mt. Hygeia Road		Street Address	
City Foster	State RI	Zip 02825	
Secretary Name Daniel S. Davey		Treasurer Name Daniel S. Davey	
Street Address 3 Mt. Hygeia Road		Street Address 3 Mt. Hygeia Road	
City Foster	State RI	Zip 02825	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Daniel S. Davey		Director Name NONE	
Street Address 3 Mt. Hygeia Road		Street Address	
City Foster	State RI	Zip 02825	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	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 Daniel S. Davey		Date 4/8/18	
Signature of Authorized Representative <i>Daniel S. Davey</i>		FILED	
		APR 20 2018	

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

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