



RI SOS Filing Number: 201983672590 Date: 1/3/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 03 2019

BY

29261
JON

1. Entity ID Number 39281		2. Exact name of the Corporation Comella's Auto Body, Inc.			
3. Principal Office Address 429 George Waterman Road		City Johnston		State RI	Zip 02919
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Auto Body Repair			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert Comella			Vice-President Name Robert Comella		
Street Address Same as Above			Street Address Same as Above		
City	State	Zip	City	State	Zip
Secretary Name Robert Comella			Treasurer Name Robert Comella		
Street Address Same as Above			Street Address Same as Above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Robert Comella			Director Name		
Street Address Same as Above			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 ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500		Common	
				None	
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 Robert Comella				Date 12/18/2018	
Signature of Authorized Representative <i>[Signature]</i>					

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