



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

STAMP

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.

FOR
 THE STATE OF RHODE ISLAND

1. Entity ID Number 000059106		2. Exact name of the Corporation ROY'S AUTO BODY REPAIR & TOWING SERVICE, INC.			
3. Principal Office Address 135 BELLINGHAM STREET			City BELLINGHAM	State MA	Zip 02019
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island REPAIR AND TOWING OF MOTOR VEHICLES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANTHONY GILL			Vice-President Name SAME		
Street Address 46 CAMPEAU STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SAME			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			
		400	CNP	0	
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 ANTHONY GILL				Date Feb 9, 2019	
Signature of Authorized Representative <i>Anthony R Gill</i>				SIGN DOCUMENT HERE FILED	

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 FEB 11 PM 2:49

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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