RI SOS Filing Number: 201987433610 Date: 2/21/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00 fee it form is not filled by April 1.								<del></del>	
1. Entity ID Number <b>8657</b>		2. Exact name of the Corporation Standard Auto Body, Inc.							
3. Principal Office Address				City		State		Zip	
999 Chalk	stone Avenue			Providence	•	RI		02908	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island							
811121		Auto repair shop							
State of Incorporation									
Rhode Island									
	ers (names and add								
President Name	Thomas P. Dunn			Vice-President Na	Vice-President Name				
Street Address	379 Roosevelt Av	Street Address					<del></del>		
City	Pawtucket	State RI	<sup>Zip</sup> 02860	City	City			Zip	
Secretary Name	Thomas P. Dunn	Treasurer Name Thon				. Dunn			
Street Address	et Address 379 Roosevelt Avenue				Street Address 379 Roosevelt Avenue				
City	Pawtucket	State Ri	<sup>Zip</sup> 02860	City Paw	tucket	State	RI	<sup>Zip</sup> 02860	
8. List ALL dire	ctors (names and a	ddresses)			Check t	he box to	indicate a	n attachment 🗖	
Director Name				Director Name					
Street Address				Street Address					
				0.000, 100,000					
City		State	Zip	City		State		Zip	
Director Name				Director Name					
Street Address				Street Address					
City		State	Zip	City		State		Zıp	
			10. Shares Iss						
This information is currently of record in the			NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE		
Department of State.			20	00	Common	۱   ۱		Par Value	
Changes requir	e an additional filing.	,					1		
11. This report	must be executed o	n behalf of the	corporation by an a	uthorized represent	tative. If the corpor	ation is ir	1 the hand	s 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									
					uding any accom	panying	schedule	s and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date									
Hom		UN.		FILF		12	13/9		
Signature of Authorized Representative  SIGN DOCUMENTER 12:1 2019  2 13 14									
1) Kmrce	10 · / J ~ · · · ·	-				<i>~</i>	444		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 40531

STAMP