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

FILED
FEB 27 2019

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.

1. Entity ID Number	2. Exact name of the Corporation
13482	SPRING GREEN AUTO BODY, INC

3. Principal Office Address	City	State	Zip
1664 ELMWOOD AVENUE	CRANSTON	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811121	ANY LAWFUL BUSINESS AND GENERAL AUTO BODY AND REPAIRS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
MARGARET PISTOCCO	45 BROADVIEW AVENUE	WARWICK	RI	02889

Vice-President Name	Street Address	City	State	Zip
MARGARET PISTOCCO	45 BROADVIEW AVENUE	WARWICK	RI	02889

Secretary Name	Street Address	City	State	Zip
CHARLES PISTOCCO III	45 BROADVIEW AVENUE	WARWICK	RI	02889

Treasurer Name	Street Address	City	State	Zip
CHRISTIAN PISTOCCO	45 BROADVIEW AVENUE	WARWICK	RI	02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
NONE				
NONE				
NONE				
NONE				

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

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	Date
MARGARET PISTOCCO	ⓧ 2/20/19

Signature of Authorized Representative
ⓧ Margaret Pistocco

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