



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 if form is not filed by April 1.

FILED ^{1D}
FEB 27 2019
BY 1164 OS

1. Entity ID Number 13482		2. Exact name of the Corporation SPRING GREEN AUTO BODY, INC			
3. Principal Office Address 1664 ELMWOOD AVENUE		City CRANSTON		State RI	Zip 02910
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name MARGARET PISTOCCO			Vice-President Name MARGARET PISTOCCO		
Street Address 45 BROADVIEW AVENUE			Street Address 45 BROADVIEW AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name CHARLES PISTOCCO III			Treasurer Name CHRISTIAN PISTOCCO		
Street Address 45 BROADVIEW AVENUE			Street Address 45 BROADVIEW AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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.					
NUMBER OF SHARES		CLASS-SERIES		PAR VALUE	
100		COMMON		NO PAR	
Changes require an additional filing.					
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 MARGARET PISTOCCO					Date 2/20/19
Signature of Authorized Representative <i>Margaret Pisto</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov