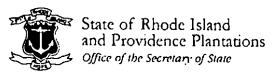
RI SOS Filing Number: 201930399350 Date: 12/18/2019 4:00:00 PM



This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

instruction sheet.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

2020 401.222.3040

Filing Period: January 1 -, March 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is subject to a penalty fee of \$25.00. L. Corporate ID No. 2. Name of Corporation 95440 WEST FOUNTAIN AUTO SAles NBODY INC 3. Street Address Principal Business Office ^{zip}02903 400 WBST FOUNTAIN St 4. Business Phone No 5. State of Incorporation 401 272 3340 RI 6 Brief Description of the Character of Business Conducted in Rhode Island Auto Body REPAIR & PAINT & FRAME 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name PATRICIA SAMI Street Address City

Sireci Address City State City State Zip 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name SAME Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address Cin City State 9. SHARES AUTHORIZED 1000 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED

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.

Number of Shares

ClassSenic

	FILED		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	DEC 1 D 2019	H	continued herein are true and correct.
Check No.	BY_d\ddl		TATRICIA A. FORTE
POR SECRETARY OF STA	ATE USE ONLY		Print or Type Name TIESIDENT Title

Par Value