



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV2020 FEB 11 P 2:25
STAMPAnnual Report for the year: **2020**
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 24582		2. Exact name of the Corporation JIM'S AUTO SALES AND AUTO BODY WORKS, INC.			
3. Principal Office Address 1153 CENTRAL AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR, TOWING & AUTO SALES			
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 JAMES F. ROBBINS, JR.			Vice-President Name BRIAN ROBBINS		
Street Address 20 Quarry Street			Street Address 64 Marshall Avenue		
City Seekonk	State MA	Zip 02776	City Cumberland	State RI	Zip 02864
Secretary Name BRIAN ROBBINS			Treasurer Name JAMES F. ROBBINS, JR.		
Street Address 64 Marshall Avenue			Street Address 20 Quarry Street		
City Cumberland	State RI	Zip 02864	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James F. Robbins, Jr.			Director Name Brian Robbins		
Street Address 20 Quarry Street			Street Address 64 Marshall Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	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 JAMES F. ROBBINS, JR.				Date 1/21/2020	
Signature of Authorized Representative SIGN DOCUMENT HERE FILED					

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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