



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **40380** 2. Name of Corporation **Advanced Auto Body, Inc.**

3. Street Address Principal Business Office **116 Kersey Rd.** City **Peace Dale** State **RI** Zip **02883**
4. Business Phone No. **401-783-0015** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
Motor vehicle repair and servicing.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Michael E. Pucino Street Address 631 Fletcher Rd. City N. Kingstown State RI Zip 02852	Vice President Name Joyce L. Pucino Street Address Same City Same State RI Zip 02852
Secretary Name Michael E. Pucino Street Address Same City Same State RI Zip 02852	Treasurer Name Joyce L. Pucino Street Address Same City Same State RI Zip 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Michael E. Pucino Street Address Same City Same State RI Zip 02852	Director Name Joyce L. Pucino Street Address Same City Same State RI Zip 02852
Director Name None Street Address None City None State None Zip None	Director Name None Street Address None City None State None Zip None

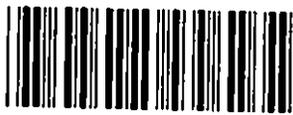
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: 2/12/03
Check No.: 15369
By: [Signature]

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.
Signature of Officer: [Signature] Date: 1-15-03
Print of Type Name of Officer: Michael E. Pucino
Title of Officer: President