



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**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 STAMP**

JAN 27 2021

FOR

BY 33191 DS

|  |             |   |                                     |                   |              |
|--|-------------|---|-------------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>000087603   |             | 2. Exact name of the Corporation<br>WESTERLY AUTO BODY, INC.  |                                     |                   |              |
| 3. Principal Office Address<br>74 School Street  |             |   | City<br>Westerly                    | State<br>RI       | Zip<br>02891 |
| 4. NAICS Code<br>811111  |             | 6. Brief description of the character of business conducted in Rhode Island<br>The repair of automobiles. |                                     |                   |              |
| 5. State of Incorporation<br>Rhode Island  |             |   |                                     |                   |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                     |                   |              |
| President Name<br>Stiles M. Gilmore, IV  |             |   | Vice-President Name<br>Jon Milliken |                   |              |
| Street Address<br>79 Diamond Hill Road   |             |   | Street Address<br>17 Spruce Street  |                   |              |
| City<br>Bradford   | State<br>RI | Zip<br>02808  | City<br>Westerly                    | State<br>RI       | Zip<br>02891 |
| Secretary Name<br>Laura A. Scalise   |             |   | Treasurer Name<br>Laura A. Scalise  |                   |              |
| Street Address<br>16 Estas Way   |             |   | Street Address<br>16 Estas Way      |                   |              |
| City<br>Ashaway  | State<br>RI | Zip<br>02804  | City<br>Ashaway                     | State<br>RI       | Zip<br>02804 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |                                     |                   |              |
| Director Name  |             |   | Director Name                       |                   |              |
| Street Address   |             |   | Street Address                      |                   |              |
| City   | State       | Zip   | City                                | State             | Zip          |
| Director Name  |             |   | Director Name                       |                   |              |
| Street Address   |             |   | Street Address                      |                   |              |
| City   | State       | Zip   | City                                | State             | Zip          |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                     |                   |              |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES  |                                     | CLASS/SERIES      | PAR VALUE    |
|  |             | 100   |                                     | Common            | No Par Value |
| 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.<br><b>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.</b> |             |   |                                     |                   |              |
| Name of Authorized Representative<br>Stiles M. Gilmore, IV   |             |   |                                     | Date<br>1-18-2021 |              |
| Signature of Authorized Representative<br>   |             |   |                                     |                   |              |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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