| Corporation | <u> 202</u> | _0 | | | | |
|---|---|----------------------|--|---------------------------|----------------|---------------------------------|
| → Filing period: January 1 - March 1 → Filing Fee: \$50.00 | | | RECEIVED | | | |
| → Penalty: Additional \$25.00 fee if form is not filed by April 1. | | | R.I. DEPT. OF STATE BUS SYOS DIV | | | |
| 1. Entity ID Number | | f the Corporation | 9 I | 7071_ 5 F8_1.L | P 2: 2L | |
| 000058904 Warwick AVTO DOOY Inc. | | | | | | |
| 3. Principal Office Address 1828 Elmwood Ave | | | City Warwi | c.K. | State 7 T | Zip のこととと |
| 4. NAICS Code | | lucted in Rhode Isk | and | | | |
| 811121 | Auto Body & Auto Paint repairs. | | | | | |
| 5. State of Incorporation | note being a rivie to se in the se. | | | | | |
| PI | | | | | | |
| 7. List ALL officers (names and add President Name | | | Vice-President Na | | ne box to ind | licate an attachment |
| Michael Gill | | | Michael Gill | | | |
| Street Address irclewood Dr. | | | 30 Circlewood Dr. | | | |
| City | State RT | 02816 | Cover | 1 | State | 21950 |
| Secretary Name | | 1 00010 | Treasurer Name | -(13 | 1 1-+ | 1 - 20.0 |
| Street Address | Street Address | | | | | |
| | | | | | | |
| City | State | Zip | City | | State | Zip |
| 8. List ALL directors (names and a | Check the box to indicate an attachment | | | | | |
| Director Name | | | Director Name | | | |
| Street Address | Street Address | | | | | |
| City | State | Zip | City | | State | Zíp |
| Director Name | | | Director Name | | | |
| Street Address | Street Address | | | | | |
| City | State | Zip | City | | State | Zip |
| | | | <u> </u> | :::- | | |
| 9. Shares Authorized 10 This information is currently of record in the | | 10. Shares Issue | 0. Shares Issued Check NUMBER OF SHARES CLASS/SERIES | | he box to inc | dicate an attachment PAR VALUE |
| Department of State. | | 600 | | _ | | 0.00 |
| Changes require an additional filing. | | | | | <u> </u> | |
| 11. This report must be executed of | | | | | ation is in th | ne hands of a receiver or |
| trustee, this report must be execut Under penalty of perjury, I decla | ed on behalf of the | e corporation by the | e receiver or trus I this report, incl | tee. Iuding any accom | panying sc | hedules and |
| statements, and that all stateme | ents contained he | | | | Date | |
| Name of Authorized Representativ | | | | 116/2021 | | |
| Michael G. Signature of Authorized Represen | L L tative | | | <u> </u> | 1 | , - , , |
| Michael 9 | | | | | | |
| MAIL TO: FILED | | | | | | |
| Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 | | | | | | |

FORM 630 - Revised: 08/2020

RI SOS Filing Number: 202191584680 Date: 2/16/2021 2:26:00 PM

Department of State - Business Services Division

Phone: (401) 222-3040

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