



State of Rhode Island and Providence Plantations
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
FILED
FEB 23 2021
FEB 23 2021
BY 2021
BY OS

1. Entity ID Number 71777		2. Exact name of the Corporation BIGELOW AUTO BODY, INC.			
3. Principal Office Address 2244 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Auto body repair.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Dennis J. Bigelow			Vice-President Name		
Street Address 2244 Pawtucket Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Dennis J. Bigelow			Treasurer Name Dennis J. Bigelow		
Street Address 2244 Pawtucket Avenue			Street Address 2244 Pawtucket Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 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.					
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 Dennis J. Bigelow					Date 2-4-21
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov