



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 20812
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 Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1000		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. 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