RI SOS Filing Number: 202193460180 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 1 2021
BY 5693

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.

1. Entity ID Number	2. Exact name of the Corporation		
000979897	DIBS, INC.		
3 Principal Office Address: 987 Willett Avenue	City: Riverisde	State: RI	Zip: 02915
4. NAICS Code: 811111	6. Brief description of the character of business conducted in Rhode Island: Automotive Repair		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jad Dib			Vice-President Name: Najib Dib		
Street Address: 12 Josal Drive			Street Address: 9 Caroiina Avenue		
City: Barrington	State: RI	Zip: 02806	City: Riverside	State: RI	Zip: 02915
Secretary Name: Cassandra K. Dib			Treasurer Name: Elias F. Dib		
Street Address: 1096 Bullocks Point Avenue			Street Address: 1096 Bullocks Point Avenue		
City: Riverside	State: RI	Zip: 02915	City: Riverside	State: RI	Zip: 02915

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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	Common	No Par

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	Date
Jad Dib	02/25/2021
Signature of Authorized Representative	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020