



State of Rhode Island

## Department of State - Business Services Division

**FILED**

Annual Report for the year: 2021

MAR 17 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.

BY 1-6506  
DS

1. Entity ID Number 22481		2. Exact name of the Corporation LIMA'S AUTOBODY, INC.			
3. Principal Office Address 1657 Main Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 811121		6. Brief description of the character of business conducted in Rhode Island Repairing and reconditioning motor vehicles and other technical problems			
5. State of Incorporation 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 Abel A. Lima			Vice-President Name Abel A. Lima		
Street Address 1657 Main Street			Street Address 1657 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Abel A. Lima			Treasurer Name Abel A. Lima		
Street Address 1657 Main Street			Street Address 1657 Main Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Abel A. Lima			Director Name		
Street Address 1657 Main Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			NUMBER OF SHARES		
			C. ASS/SERIES		
			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.					
<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 Abel A. Lima, President					Date 3-1-2021
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