



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.

STAMP
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAR 30 A 9:29

1. Entity ID Number 136656		2. Exact name of the Corporation Ideal Auto Body, Inc.			
3. Principal Office Address 1398 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 811198		6. Brief description of the character of business conducted in Rhode Island Motor vehicle mechanics, auto body repair and reconditioning and the sale of auto vehicles			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel S. Davey			Vice-President Name NONE		
Street Address 3 Mt. Hygeia Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Daniel S. Davey			Treasurer Name Daniel S. Davey		
Street Address 3 Mt. Hygeia Road			Street Address 3 Mt. Hygeia Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel S. Davey			Director Name NONE		
Street Address 3 Mt. Hygeia Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			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.					
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 Daniel S. Davey					Date 3-12-21
Signature of Authorized Representative <i>Daniel S. Davey</i> SIGN DOCUMENT HERE					

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

FILED
 MAR 30 2021
 BY *11988*
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