



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
JAN 30 2023
BY 34857 FOR OS
STAMP

1. Entity ID Number 000087603		2. Exact name of the Corporation WESTERLY AUTO BODY, INC.			
3. Principal Office Address 74 School Street			City Westerly	State RI	Zip 02891
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island The repair of automobiles.			
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 Stiles M. Gilmore, IV			Vice-President Name Jon Milliken		
Street Address 79 Diamond Hill Road			Street Address 17 Spruce Street		
City Bradford	State RI	Zip 02808	City Westerly	State RI	Zip 02891
Secretary Name Laura A. Scalise			Treasurer Name Laura A. Scalise		
Street Address 16 Estas Way			Street Address 16 Estas Way		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	FAR 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 Stiles M. Gilmore, IV				Date 1/26/23	
Signature of Authorized Representative					

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