



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.

FEB 14 2023 TAMP

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1. Entity ID Number 000041282		2. Exact name of the Corporation Mike's Auto Body, Inc.	
3. Principal Office Address 1070 Tower Hill Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island Automobile repairs.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Michael A. Henry		Vice-President Name Kimberly A. Henry	
Street Address 1070 Tower Hill Road		Street Address 1070 Tower Hill Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Kimberly A. Henry		Treasurer Name Michael A. Henry	
Street Address 1070 Tower Hill Road		Street Address 1070 Tower Hill Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	CLASS/SERIES
		1000	COMMON
			NONE
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 MICHAEL A. HENRY, PRESIDENT		Date 2/6/23	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021