



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 TAMP
FEB 27 2023
 BY 11708 ES

1. Entity ID Number 000155047		2. Exact name of the Corporation Gene's Auto Body Works, Inc.			
3. Principal Office Address 287 Railroad Street			City Manville	State RI	Zip 02838
4. NAICS Code 811120		6. Brief description of the character of business conducted in Rhode Island Autobody Collision Repair			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert G. Poisson Jr			Vice-President Name Carol Ann Poisson		
Street Address 287 Railroad Street			Street Address 287 Railroad Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Carol Ann Poisson			Treasurer Name Robert G. Poisson Jr		
Street Address 287 Railroad Street			Street Address 287 Railroad Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
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	PAR VALUE
			1000	CWP	.01
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 Robert Poisson, Jr.					Date 2/22/23
Signature of Authorized Representative <i>Robert Poisson, Jr.</i>					

MAIL TO:
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