



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.
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3. Principal Office Address 287 Railroad Street	City Manville	State RI	Zip 02838
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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 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 <input type="checkbox"/>		
	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
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Signature of Authorized Representative Robert Poisson, Jr.

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