

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period February 1 - May 1

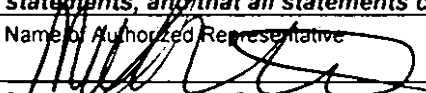
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 20 2023

BY USS
RS

1. Entity ID Number 001679098		2. Exact name of the Corporation DENT FIXX, INC									
3. Principal Office Address 482 WATERMAN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914						
4. NAICS Code 811190		6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR									
5. State of Incorporation RI											
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐						
President Name MICHAEL QUINTANILHA			Vice-President Name								
Street Address 137 WILLARD AVENUE			Street Address								
City SEEKONK	State MA	Zip 02771	City	State	Zip						
Secretary Name			Treasurer Name MICHAEL QUINTANILHA								
Street Address			Street Address 137 WILLARD AVENUE								
City	State	Zip	City	State	Zip						
			SEEKONK	MA	02771						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐						
Director Name MICHAEL QUINTANILHA			Director Name								
Street Address 137 WILLARD AVE			Street Address								
City SEEKONK	State MA	Zip 02771	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized			10. Shares Issued								
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
100	CNP										
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 					Date 03/15/23						
Signature of Authorized Representative MICHAEL QUINTANILHA											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov