DENTFIXX 03/15/2023 9:36 AM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 20 2023
BY KSS

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.

1 Entity ID Number	2. Exact name of the Corporation			
001679098	DENT FIXX, INC			
3 Principal Office Address		City	State	Zip
482 WATERMAN AVENUE		EAST PROVIDENCE	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811190				
5. State of Incorporation				
RI	AUTO BODY REPAIR			

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MICHAEL QUINTANILHA					
Street Address			Street Address		
137 WILLARD AVENUE					
City	State	Zip	City	State	Zip
SEEKONK	MA	02771			
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			Director Name		
MICHAEL QUINTANILHA					
Street Address			Street Address		
137 WILLARD AVE					
City	State	Zip	City	State	Zip
SEEKONK	MA	02771			
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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